

Form No. 1

(1) PLACE OF BIRTH

County of Greenville
 Township of S. S. Stephens
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

17702

Registration District No. 705 Registered No. 60
 (For use of Local Registrar)

(No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Wallace If child is not yet named, make supplemental report as directed

3. BOY OR GIRL

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF

BIRTH June 21, 1922
 (Sign of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to mother, including present birth

11. AGE AT LAST BIRTHDAY 1-1-20
 (Years)(11) AGE AT LAST BIRTHDAY 1-1-20
 (Years)

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

18. BIRTHPLACE

19. OCCUPATION

21. Number of children of this mother now living, including present birth

MOTHER.

14. NAME BEFORE MARRIAGE Annie Gaillard15. PRESENT POSTOFFICE OF MOTHER St. Stephens16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
 (Years)18. BIRTHPLACE St. Stephens19. OCCUPATION Ginning21. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 30 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

June 28, 1922

(28)

M. A. G. L.
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

REASON FOR BIRTH OF CHILD
 (1) BORN ALIVE (2) STILLBORN (3) ABORTED (4) MISCARRIAGE (5) OTHER
 (6) BORN ALIVE (7) STILLBORN (8) ABORTED (9) MISCARRIAGE (10) OTHER
 (11) BORN ALIVE (12) STILLBORN (13) ABORTED (14) MISCARRIAGE (15) OTHER
 (16) BORN ALIVE (17) STILLBORN (18) ABORTED (19) MISCARRIAGE (20) OTHER
 (21) BORN ALIVE (22) STILLBORN (23) ABORTED (24) MISCARRIAGE (25) OTHER
 (26) BORN ALIVE (27) STILLBORN (28) ABORTED (29) MISCARRIAGE (30) OTHER
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