

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

13430

Registration District No. 213

Registered No. 21

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Walter Queller Jr.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

May 16 1922

(Name of Month) (Day) (Year)

(8) FULL NAME

Walter Queller

FATHER

MOTHER

(9) PRESENT POSTOFFICE OF FATHER

Augusta Ga R4

(10) COLOR OR RACE

Blk

(11) AGE AT LAST BIRTHDAY

28

(12) BIRTHPLACE

S C

(13) OCCUPATION

Farming

(14) NAME BEFORE MARRIAGE

Laura Stuart

(15) PRESENT POSTOFFICE OF MOTHER

Augusta Ga R4

(16) COLOR OR RACE

Blk

(17) AGE AT LAST BIRTHDAY

22

(18) BIRTHPLACE

S C

(19) OCCUPATION

House

(20) Number of children born to mother, including present birth

3

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.

(23) (Signature)

Walter Queller

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Augusta Ga R6

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 29 1922

(28) Local Registrar

D. R. Medlock

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.