

(1) PLACE OF BIRTH

County of AikenTownship of Windsor

OR

Inc. Town of

OR

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 215

File No.—for State Registrar Only

36991

Registered No. 86

(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 Howard Wall

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Nov. 18, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Miller Wall

(9) PRESENT POSTOFFICE OF FATHER

Windsor

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

50

(Years)

(12) BIRTHPLACE

Windsor Aiken

(13) OCCUPATION

Farming

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

Six

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Greene

(15) PRESENT POSTOFFICE OF MOTHER

Windsor

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

39

(Years)

(18) BIRTHPLACE

Miller Ga

(19) OCCUPATION

Farming

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

Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Harrell Allen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Windsor S.C.
midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11 30 1922(28) O. L. W. H. K. 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.