

(1) PLACE OF BIRTH

County of BerkeleyTownship of St. Stephens

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar

34901

Registration District No. 703Registered No. 108
(For use of Local Registrar)(2) Full Name of Child Kenneth Wallace

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

(3) SEX OF CHILD S

(4) Type of Twin

(5) Number in order of birth

(6) Are twins monozygotic yes(7) DATE OF BIRTH Nov 13 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Wallace

(9) PRESENT RESIDENCE OF FATHER

St. Stephens(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 20
(Year)

(12) BIRTHPLACE

St. Stephens

(13) OCCUPATION

Public Work

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Brinkley

(15) PRESENT RESIDENCE OF MOTHER

St. Stephens(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 19
(Year)

(18) BIRTHPLACE

St. Stephens

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was male 90 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Katie White

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

St. Stephens

Given name added from a supplemental report

(25) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed Nov 18 1923 J. A. Ford
(27) Registrar

When there was no attending physician or midwife, then the father, householder, etc., should sign the report. 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.