

## (1) PLACE OF BIRTH

County of Christchurch S.C.  
 Township of .....  
 Inc. Town of .....  
 City of .....

## CERTIFICATE OF BIRTH

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

No. for State Registrar

725

Registration District No. 1203 Registered No. 14  
 (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 Henry Frazer Wallace If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Type of Triplet To be answered only in event of Twins or Triplets (5) Age in Years 3 (6) DATE OF BIRTH Jan 24 1923

## FATHER.

(8) FULL NAME J. Frank Wallace

(9) PRESENT RESIDENCE OF FATHER Christchurch S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Christina L. Lillie

(15) PRESENT RESIDENCE OF MOTHER Christchurch S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive 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

Smith 7-23-24

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Jan 5 1923

(28)

M. S. Watson

When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is required before the fifth month of pregnancy.