

(1) PLACE OF BIRTH

County of York

Township of

Inc. Town of

City of Stamato SC

(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

Department of Vital Statistics
State Board of Health

Registration District No. 4404

Registered No. 14
(For use of Local Registrar)

(2) Full Name of Child

George E. Wallace

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

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age at birth <u>yr.</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Feb 11 20</u>
FATHER				
(8) FULL NAME <u>Jim Wallace</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Stamato</u>				
(10) COLOR OR RACE <u>Wegh</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)			
(12) BIRTHPLACE <u>SC</u>				
(13) OCCUPATION <u>Farmer</u>				
(14) NUMBER of children born to mother, including present birth <u>1</u>				
MOTHER				
(15) NAME BEFORE MARRIAGE <u>Lotha Bryce</u>				
(16) PRESENT POSTOFFICE OF MOTHER <u>Stamato</u>				
(16) COLOR OR RACE <u>Wegh</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)			
(18) BIRTHPLACE <u>SC</u>				
(19) OCCUPATION <u>Domestic</u>				
(20) Number of children of this mother now living, including present birth <u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 2 M.
(Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(22) (Signature) Nancy D. Jones

(23) State whether Physician or Midwife Midwife

(24) Address of Physician or Midwife Stamato SC

(Given name added from a supplemental report)

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

(26) Filed 3/12 23 (27) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this 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.