

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in sections A
 Section of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of YorkTownship of York

Inc. Town of

(City of

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

(2) Full Name of Child Mary Anne Wallace If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH <u>Feb 18</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Ada Wallace</u>	(10) PRESENT POSTOFFICE OF FATHER <u>York R.F.D. #2</u>	(12) COLOR OR RACE <u>negro</u>	(14) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(16) BIRTHPLACE <u>York Co.</u>	(18) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>4</u>					

MOTHER.

(10) NAME BEFORE MARRIAGE <u>Mattie Peters</u>	(12) PRESENT POSTOFFICE OF MOTHER <u>York R.F.D. #2</u>	(14) COLOR OR RACE <u>negro</u>	(16) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(18) BIRTHPLACE <u>York Co.</u>	(20) OCCUPATION <u>Farmer Land</u>
(22) Number of children of this mother now living, including present birth <u>4</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was born alive at 11/5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Mary Mobley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
York #3

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 18 1923

(28)

Paula Barron
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.