

## (1) PLACE OF BIRTH

County of C. HesterTownship of Wm. Crayfield

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. 10. - For State Register Only

35346

Registration District No. 409 Registered No. 79  
(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child Clara L. Wallace If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Girl (4) Type of Triplet To be answered only in case of Triplets (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 24 1925  
(Month of birth) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Henry Wallace</u>	(14) NAME BEFORE MARRIAGE <u>May Donahue</u>	(9) PRESENT RESIDENCE OF FATHER <u>McCracken St</u>	(15) PRESENT RESIDENCE OF MOTHER <u>McCracken St</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Mill Hand</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 11:25 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. M. Newson(24) State whether Physician or Midwife Phys(25) Address of Physician or Midwife McCracken St

Given name added from a supplemental report

Janie L. Davis  
Feb. 25 1926  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed ..... 19 ..... (28) G. M. Newson  
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.