

N. B.—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 question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lin</u>		STATE OF SOUTH CAROLINA		31048	
Township of <u>Lynchburg</u>		Bureau of Vital Statistics		128	
or		State Board of Health		Registered No.	
Inc. Town of		Registration District No. <u>3002</u>		(For use of Local Registrar)	
or		(No. St.; Ward)			
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 <u>Wallace Samuel</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 23 22</u>	
FATHER		MOTHER			
(8) FULL NAME <u>David Daniel</u>		(14) NAME BEFORE MARRIAGE <u>Lizzie Carter</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Atkins S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Atkins S.C.</u>			
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>35</u>		(17) AGE AT LAST BIRTHDAY <u>30</u>	
(12) BIRTHPLACE <u>Flower G.S.C.</u>		(16) COLOR OR RACE <u>Negro</u>		(18) BIRTHPLACE <u>Lin G.S.C.</u>	
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>House work</u>			
(20) Number of children born to mother, including present birth <u>8</u>		(21) Number of children of this mother now living, including present birth <u>6</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> (Born alive or stillborn) (Bear A. M. or P. M.)					
(23) (Signature) <u>Marion Anderson</u>					
(24) State whether <u>Physician or Midwife</u>					
(25) Address of Physician or Midwife <u>Lynchburg S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)			
19		(27) Filed <u>10/9 22</u>			
Registrar		(28) <u>J. F. Whitlock</u> 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.