

## (1) PLACE OF BIRTH

County of UnionTownship of 1Inc. Town of 1City of 1

(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

File No.—For State Registrar Only

539.1

Registration District No. 42-ARegistered No. 23

(For use of Local Registrar)

(2) Full Name of Child Hanna Wallace

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

(1) SEX OF CHILD <u>Female</u>	(2) TYPE OF BIRTH <u>Normal</u>	(3) MONTH OF BIRTH <u>Feb</u>	(4) YEAR OF BIRTH <u>1943</u>	(5) DATE OF BIRTH <u>2 21 43</u>
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(6) FATHER'S FULL NAME <u>Thomas F. Wallace</u>		(7) MOTHER'S NAME BEFORE MARRIAGE <u>Bessie Johnson</u>	
(8) PRESENT RESIDENCE OF FATHER <u>Union S.C.</u>		(9) PRESENT RESIDENCE OF MOTHER <u>Union S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>48</u>	(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>25</u>
(14) BIRTHPLACE <u>Charleston Co. S.C.</u>		(15) BIRTHPLACE <u>Union Co. S.C.</u>	
(16) OCCUPATION <u>Contractor</u>		(17) OCCUPATION <u>None</u>	
(18) Number of children born to mother, including present birth <u>7</u>		(19) Number of children of this mother now living, including present birth <u>7</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was at 3 P.M. on the date above stated. (Hour M. or P.M.)(21) (Signature) A. P. McElroy

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife Union S.C.

Given name and from a supplemental report

M. B. Woodward M.D.1/12/4319 43  
Registrar

(24) Witness

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

(25) Filed 3-10-43(26) D. S. Daroff  
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.

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