

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH
County of Windsor
Township of King
or
Inc. Town of
or
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

File No. — For State Registrar Only
66573

Registration District No. 4302 Registered No. 51
(For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22 1916
(One of Month) (Day) (Year)

FATHER

(8) FULL NAME John Wallace
(9) PRESENT POSTOFFICE OF FATHER Kingsley
(10) COLOR OR RACE W. C. (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Windsor
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Chelie Singletary
(15) PRESENT POSTOFFICE OF MOTHER Kingsley
(16) COLOR OR RACE W. C. (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Windsor
(19) OCCUPATION Housekeeper
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 109 M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) W. C. Singletary (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Kingsley

Given name added from a supplemental report

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

(27) Filed June 26 1916 (28) W. C. Singletary
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.

Fifth month of pregnancy.