

(1) PLACE OF BIRTH

County of NewberryTownship of North

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3407

File No. — For State Registrar Only

19554

Registered No. 33

(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Virginia Wallace

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth 2(6) Are Parents Married? Yes

(7) DATE OF

BIRTH June 26, 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam Wallace

(9) PRESENT POSTOFFICE OF FATHER

Silver Street S.C.

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

Newberry County S.C.

(13) OCCUPATION

Home Acre

MOTHER.

(14) NAME BEFORE MARRIAGE

Allice Connor

(15) PRESENT POSTOFFICE OF MOTHER

Silver Street

(16) COLOR OR RACE

Color

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Newberry County S.C.

(19) OCCUPATION

House wife

(20) Number of children born to mother, including present birth

Two

(21) Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eugene Mitchell

(24) Place whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeSilver Street S.C.

Given name added from a supplementary report

See affidavit
7/14/12

(26) Witness

W. H. Sanders
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Date

July 1, 1912

(28) Local Registrar

W. H. Sanders

*When there is a change of name, or other information, should make this return.

If an error is made in the name of the child, or in the date of birth, a report is desired as soon as possible.

Name of child at birth, if different from above.

WHICH PLAINLY, WITH UNFADING IMPRESSION IS A PERMANENT RECORD.
 IN THE 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 3.
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