

(1) PLACE OF BIRTH

County of UnionTownship of BryanInc. Town of orCity of or

(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

Registration District No. 4243 Registered No. 73

File No. — For State Registrar Only

70650

(For use of Local Registrar)

(2) Full Name of Child Clarence Wallace

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) Age of Parents <u>25</u>	(7) DATE OF BIRTH <u>Sept 27</u>
To be answered only in case of twins or triplets			(8) (Name of Month) (Day) (Year)	

FATHER

(8) FULL NAME James Wallace(9) PRESENT POSTOFFICE OF FATHER Union S.C. R.F.D. #3(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Union Co Bryanville Town(13) OCCUPATION Farming(20) Number of children born to mother, including present birth one

MOTHER

(14) NAME BEFORE MARRIAGE Irma Simpson(15) PRESENT POSTOFFICE OF MOTHER Union S.C. R.F.D. #3(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Union Co Pinckney Township(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was female at 8 M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)(23) (Signature) Tilda Dist Union S.C. R.F.D. #3(24) State of South Carolina Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 21, 1911(28) J. G. Gallman

Local Registrar

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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IN CASE OF TWINS OR TRIPLETS, IN A SUPPLEMENTAL REPORT, MAKE THE FOLLOWING STATEMENT: "I, the undersigned, do hereby certify that the child named above is the child of the mother named above."

Notary of Columbia