

## (1) PLACE OF BIRTH

County of Charlottesville  
 Township of Swamp Creek  
 OF  
 Inc. Town of .....  
 OR  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Registrar Only  
**42040**

Registration District No. 1371 Registered No. 40  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wesley Lee 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 - (6) Any Previous Marriages Yes (7) DATE OF BIRTH March 3, 1922  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME John Wesley Wallace

(9) PRESENT POSTOFFICE OF FATHER Charlottesville R.

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 40  
 (Years)

(12) BIRTHPLACE Charlottesville Co.

(13) OCCUPATION Tramcar

(20) Number of children born to mother, including present birth 4

## MOTHER

(14) NAME BEFORE MARRIAGE Anna Hunter

(15) PRESENT POSTOFFICE OF MOTHER Charlottesville R.

(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 39  
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION at home

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive... at 4 A.M.  
 on this date above stated (Born alive or stillborn) (Hour A.M. or P.M.)

(23) Signature of Physician or Midwife Elaine M. M...

(24) Address of Physician or Midwife Charlottesville

Given name of child from birth record Wesley Lee Wallace

(25) Signature of Witness necessary only when question 22 is signed by mark P.O.E.