

Form No. 1

(1) PLACE OF BIRTH

County of *Dillon*

Township of *Steeleboro*

Inc. Town of

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

Registration District No. *1413*

File No. — For State Registrar Only

3639

Registered No. *11*

(For use of Local Registrar)

(2) Full Name of Child

John L. Wallace

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

(3) SEX OF CHILD *Boy* (4) Type or Token *None* (5) Number in order of birth *1* To be entered only in case of Twins or Triplets

(6) Age *20* (7) DATE OF BIRTH *1-30-23* (Name of Month) (Day) (Year)

FATHER *Luther A. Strickland*

MOTHER *Marie Wallace*

(8) PRESENT POSTOFFICE OF FATHER *Cent Hill*

(9) PRESENT POSTOFFICE OF MOTHER *Fitchers, S.C.*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *31* (Year)

(12) COLOR OR RACE *Colored* (13) AGE AT LAST BIRTHDAY *31* (Year)

(14) BIRTHPLACE *S.C.*

(15) BIRTHPLACE *Dillon Co. S.C.*

(16) OCCUPATION *Farmer*

(17) OCCUPATION *Hoe Hand*

(18) Number of children born to mother, including present birth *Three*

(19) Number of children of this mother now living, including present birth *Three*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(21) (Signature) *Heater Wallace*

(22) (Address) *Steeleboro, S.C.*

(23) (Date) *3-30-23* (A.M. or P.M.)

Give name added from a supplemental report

(24) (Signature) *Chas. Hays*

(25) (Address) *Steeleboro, S.C.*

(26) (Date) *2-20-23* (27) (Signature) *Chas. Hays*

When there was no attending physician or midwife, the report is made by the mother or a relative.

(28) (Signature) *Chas. Hays*

(29) (Address) *Steeleboro, S.C.*

(30) (Date) *2-20-23* (31) (Signature) *Chas. Hays*