

PLACE OF BIRTH

City of Richmond

County of

Town of

City of Columbia S.C.

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

37414

Registration District No. 332Registered No. 995
(For use of Local Registrar)

St. Ward

Full Name of Child Sam. Clarence White

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

Sex

Boy

(4) Date of birth

Nov 18 1923

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Nov 18 1923

(Name of Month) (Day) (Year)

FATHER.

Full Name

Sam C. White

Present Postoffice of Father

Columbia S.C.

Color or Race

White

Birthplace

Richmond Va.

Occupation

Contractor

(11) AGE AT LAST BIRTHDAY 44
(Years)

MOTHER.

(14) NAME BEFORE MARRIAGE

Mrs B. B. Osteen

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 39
(Years)

(18) BIRTHPLACE

Sumter Co. S.C.

(19) OCCUPATION

House wife

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 3 years 9 months 9 days old on the date above stated.

(23) (Signature)

E. P. White M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

1315 S. 1st St. S.C.

Name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 21 1923

(28)

A. J. Sloan Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland
Township of Columbia
Inc. Town of Columbia
City of Columbia

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 38-6

FILE No.—For State Registrar Only

97576-A

Registered No. 715-
(For use of Local Registrar)

Ward 1311 Pickens

2. FULL NAME OF CHILD

3. Sex Boy 4. Twin, child of John Benjamin Wallace 5. Date of birth Nov 18 1943
6. Number, in order of birth 1 Full name John Benjamin Wallace Married Yes

9. Full name John C. Wallace 10. Residence (mailing address) Columbia, S.C.
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 4 3/4 (years)

13. Birthplace (city or place) S.C. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Architect

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Architect

16. Date (month and year) last engaged in this work Nov 1943

17. Total time (years) spent in this work 1 1/2

18. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 8

19. If stillborn, (a) Born alive and now living 8 (b) Born alive but now dead 0 (c) Stillborn 0

20. Cause of stillbirth Stillborn

18. Name before marriage Benjamin Wallace

19. Residence (mailing address) Columbia, S.C.
(If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 38 (years)

22. Birthplace (city or place) S.C. (State or country)

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Home keeping

24. Industry or business in which work was done, as silk mill, lawyer's office, etc. Home keeping

25. Date (month and year) last engaged in this work Nov 1943

26. Total time (years) spent in this work 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was John at 10 P.M. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at 10 P.M. on above date Argemone
(Name of Preparation)

Cleft Palate None Harelip None Other Deformities None

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplementary report John

(Date of) Nov 18 1943

(Signed) E. P. White M. D.

or Columbia, S.C. Midwife

Address Columbia, S.C.

Filed Nov 24 1943 Local Registrar

Changed by Court Order
5-18-42 State Registrar
R.B.W.