

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

1. PLACE OF BIRTH
County of Sumter
Township of Columbia
In. 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 Registered No. 715-

File No.—For State Register Only
37376-A

(For use of Local Registers)

(No. 1311 Pick Ward)

(If this occurs in a town or other locality, give name of same, name of street and number)

(I could be put you named under
name of town or other locality, name of street and number)

2. FULL NAME OF CHILD John Clarence Wallace

3. Sex: Male (Plural) 4. Twin, either of which Benjamin is male or female Male
5. Name, in order of birth John C. Wallace 6. Date of birth May 18, 1942

7. Full name John C. Wallace FATHER WA 4-112 8. Name before marriage Bessie Lillian Coggs MOTHER

9. Residence (mailing address)
(If non-resident, give place and State) 100 W. Main St., Columbia, S.C.

10. Color or race White 11. Age at last birthday 6 1/2 (years) 12. Age at last birthday 3 8 (years)

13. Birthplace (city or place) S.C. 14. Birthplace (city or place) S.C. (State or territory)

15. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Architect 16. Industry or business in which work was done, as silk mill, sawmill, bank, etc. None

17. Date (month and year) last engaged in this work now 18. Total time (years) spent in this work 12

19. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead None (c) Stillborn None

20. If stillborn, period of pregnancy (months) months (weeks) weeks 21. Cause of stillbirth Before labor Dying fetus

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive 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 A.M. on above date Eye drops (Name of Preparation)

Cleft Palate..... Hare Lip..... Other Deformities.....

When there was no attending physician
or midwife, then the doctor, midwife,
etc., should make this return.

Given name added from
a supplementary report.

(Signed) E.P. y Leath, M.D.

or E.P. y Leath, Midwife

Address Columbia, S.C.

Date May 24, 1942 File No. Local Register

Charged by Court Order
5-18-42 State of S.C. M.T.S.W.