

WHITE PLAINLY, WITH A FADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of(No. St.; Ward)
(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

3666

Registration District No. 12.01. Registered No. 17
(For use of Local Registrar)

(2) Full Name of Child

James Wallace

If child is not yet named, make
supplemental report as directed(3) BOY OR
GIRL?

Boy

(4) Twin
or Triplet?

No

(5) Number in
order of birth

1

(6) Are
Parents
Married?

Yes

(7) DATE OF

BIRTH

Feb 10 1922
(Name of Month) (Day) (Year)(8) FULL
NAME

H. W. Wallace

(9) PRESENT
POSTOFFICE
OF FATHER

Churaw SC

(10) COLOR
OR
RACE

White

(11) AGE AT LAST
BIRTHDAY

35

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Sawyer

(14) NAME BEFORE
MARRIAGE

Harold Johnson

(15) PRESENT
POSTOFFICE
OF MOTHER

Churaw SC

(16) COLOR
OR
RACE

White

(17) AGE AT LAST
BIRTHDAY

31

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housekeeper

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

6

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22)

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

(23) (Signature)

Creasy McQueen

(24) State whether Physician or Midwife

Midwife

Given name added from a supplement
report

(26) Witness

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

(27) Filed

Feb 10 1922

(28) P. D. Graham

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