

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		28390	
Township of .....		Bureau of Vital Statistics			
City of .....		State Board of Health			
Inc. Town of .....		Registration District No. <u>2191</u>		Registered No. <u>35</u>	
City of .....		(No. .... St.; .... Ward)		(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 <u>Myra Wallace</u>					
(If child is not yet named, make supplemental report as directed)					
(3) <del>SEX OF CHILD</del>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH	
	To be answered only in case of Twin or Triplet		<u>yes</u>	<u>Sept 15 23</u> (Name) (Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME	<u>Sam Wallace</u>		(10) NAME BEFORE MARRIAGE	<u>Nessie Green</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Georgetown S.C.R.R.</u>		(11) PRESENT POSTOFFICE OF MOTHER	<u>Georgetown S.C.R.R.</u>	
(12) COLOR OR RACE	(13) AGE AT LAST BIRTHDAY	<u>25</u> (Years)	(14) COLOR OR RACE	(15) AGE AT LAST BIRTHDAY	<u>25</u> (Years)
(16) BIRTHPLACE	<u>Sampit, S.C.</u>		(17) BIRTHPLACE	<u>Sampit, S.C.</u>	
(18) OCCUPATION	<u>Public work</u>		(19) OCCUPATION	<u>House field work</u>	
(20) Number of children born to mother, including present birth	<u>2</u>		(21) Number of children of this mother now living, including present birth	<u>2</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>4 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature)		<u>Ann Johnson</u>			
(24) State, whether Physician or Midwife		(25) Address of Physician or Midwife			
<u>Midwife</u>		<u>Georgetown, S.C.</u>			
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>178</u> <u>23</u> (28) <u>A. J. Tilton</u> Local Registrar.					
(29) Filed <u>SEPT 20 1925</u> (30) <u>W. B. Sady</u> Local Registrar.					

\*When there was no attending physician or midwife, the birth must be reported as stillborn. No report is required if a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.