

Form No. 1

## (1) PLACE OF BIRTH

County of Lancaster

Township of .....

Inc. of Lancaster

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

90543

Registration District No. 28thRegistered No. 83

(For use of Local Registrar)

(2) Full Name of Child James Mendel 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 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 27 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William J. Wallace(9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Prestonfield County S.C.(13) OCCUPATION Black(20) Number of children born to mother, including present birth nine

## MOTHER.

(14) NAME BEFORE MARRIAGE Nora Stator(15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Union County S.C.(19) OCCUPATION House Work(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 alone at 7 30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Stator(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Lancaster S.C.

Given name added from a supplemental report

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

(27) Filed Dec 30 1916 (28) J. T. Thomson 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.