

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41568

County of ChesterTownship of Hazlewood

Inc. Town of

City of

Registration District No. 1103Registered No. 83

(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 Daisy Brown Wallace

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

(3) SEX OF GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 5, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thomas Hall Wallace(9) PRESENT POSTOFFICE OF FATHER Chester R # 1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE Chester Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Cornelia Grant(15) PRESENT POSTOFFICE OF MOTHER Chester R # 1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Chester Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. M. Wylie (24) State whether Physician or Midwife (25) Address of Physician or MidwifePhysician Chester S.C.

Given name added from a supplemental report

When there was no attending physician or midwife, the mother or older, etc., should make this return. If a child breathes even once, it is not a stillbirth.

If a child breathes