

## (1) PLACE OF BIRTH

County of DillonTownship of MarionOR  
Inc. Town of .....OR  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42113

Registration District No. 1605 Registered No. 82  
(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 Whitacre 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 Dec 21, 1922  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Earnest Wallace</u>	(14) NAME BEFORE MARRIAGE	<u>Leona Hamilton</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>R 3, Dillon</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>R 3, Dillon</u>
(10) COLOR OR RACE	<u>W</u>	(16) COLOR OR RACE	<u>W</u>
(11) AGE AT LAST BIRTHDAY	<u>24</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>21</u> (Years)
(12) BIRTHPLACE	<u>R 3, Dillon, S.C.</u>	(18) BIRTHPLACE	<u>R 3, Dillon</u>
(13) OCCUPATION	<u>Planter</u>	(19) OCCUPATION	<u>House work</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) S. C. Hester, M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Dillon

Given name added from a supplemental report

.....  
..... 19 ..  
Registrar(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 22, 1922 (28) B. G. Williams  
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.

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N. N. B.—In case of TWINS OR TRIPLETS, USE SEPARATE BLANK FOR EACH CHILD, AND MARK FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.