

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43353

(1) PLACE OF BIRTH

County of LanternsTownship of Beakor
Inc. Town ofor
City ofRegistration District No. 2901 Registered No. 183

(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(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 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 2, 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME W. G. Wallace

(9) PRESENT POSTOFFICE OF FATHER Gray cant-SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE Lanterns co SC

(13) OCCUPATION Lantern

(20) Number of children born to mother, including present birth 5

MOTHER
(14) NAME BEFORE MARRIAGE Mell Beet

(15) PRESENT POSTOFFICE OF MOTHER Gray cant-SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(Years)

(18) BIRTHPLACE Lanterns co SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. J. Pace(24) State whether Physician or Midwife(25) Address of Physician or Midwife Gray cant SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 6, 1923 (28) H. C. Mahon Local Registrar19
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.