

(1) PLACE OF BIRTH

County of Rich

Township of

Inc. Town of

City of Columbia, S.C.

(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

Registration District No. 38th Registered No. 650

(For use of Local Registrar)

(2) Full Name of Child Albert Wallace Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>Aug. 16, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Albert Jerome Wallace(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 25
(Time)(12) BIRTHPLACE S.C.(13) OCCUPATION Dr. J. J. Y. M. C. (P.C.)(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Annie Mark(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 19
(Time)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) 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 born alive at 6:55 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. F. Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Martin B. Woodruffat 14 19 42
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept. 14 19 23 W. F. Johnson Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.