

## (1) PLACE OF BIRTH

County of AlbanyTownship of Baldwin

Inc. Town of .....

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

No. for State Registrar Only

2712

Registration District No. 10Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child James Henry Wallace

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

(a) SEX OF CHILD <u>boy</u>	(b) Twin or Triplet <u>No</u>	(c) Number in order of birth <u>1</u>	(d) Age at birth <u>yo</u>	(e) DATE OF BIRTH <u>Feb 15</u> 1923
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FATHER.			MOTHER.		
(a) FULL NAME <u>George Wallace</u>	(14) NAME BEFORE MARRIAGE <u>Elizabeth Brishon</u>		(14) NAME BEFORE MARRIAGE <u>Elizabeth Brishon</u>		
(b) PRESENT RESIDENCE OF FATHER <u>Martins SC</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Martins SC</u>		(15) PRESENT RESIDENCE OF MOTHER <u>Martins SC</u>		
(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(18) BIRTHPLACE <u>South Car</u>			(18) BIRTHPLACE <u>South Car</u>		
(19) OCCUPATION <u>Larning</u>			(19) OCCUPATION <u>House Wife</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Patience Brishon(24) State physician Martins SC

Given name added from a supplemental report

James Henry WallaceJames Henry WallaceJames Henry WallaceJames Henry Wallace