

Form No. 1

## (1) PLACE OF BIRTH

County of BeaufortTownship of St. Stephen

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

File No.—For State Registrar Only

29087

Registration District No. 705Registered No. 94  
(For use of Local Registrar)(2) Full Name of Child Cecil Wallace

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 event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 18, 22</u> (Name of Month) (Day) (Year)
-----------------------------	---	------------------------------	-------------------------------------	---

## FATHER.

(8) FULL NAME Julius Wallace(9) PRESENT POSTOFFICE OF FATHER St. Stephen(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE St. Stephen(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Wallace(15) PRESENT POSTOFFICE OF MOTHER St. Stephen(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Russellville(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William Wallace(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife St. Stephen

Given name added from a supplemental report

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

(27) Filed Sept. 25, 22 (28) W. A. Floyd 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MECAN OF COLUMBIA, COLUMBIA, S. C.