

For use of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MADE IN COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Shawlington

Township of

or
Inc. Town of

or
City of Shawlington (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 William Wallace

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth -	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 6, 1923</u> (Month of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>W. W. Wallace</u>			(14) NAME BEFORE MARRIAGE <u>Bayce Gordon</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Shawlington</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Shawlington</u>	
(16) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(17) COLOR OR RACE <u>Col.</u>		
(12) BIRTHPLACE <u>S. C.</u>		(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>at home</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive st. 11 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Moore
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Shawlington

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan. 17, 1923 (28) E. A. Early
Local Registrar

*When there was no attending physician or midwife, then the father, householders, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is required of stillborn before the 10th month of pregnancy.