

Form No. 10.

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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

MARGIN RESERVED FOR BINDING.

(1) PLACE OF BIRTH  
County of Greenville  
Township of "or  
Inc. Town of Greenville  
or  
City of Greenville  
(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 HealthFile No.—For State Registrar Only  
**64444**Registration District No. 22 A Registered No. 243  
(For use of Local Registrar)  
St.; St. Ward 51  
(No. Garlington)(2) Full Name of Child William H. Wallace  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 19, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>James Y. Wallace</u>			(14) NAME BEFORE MARRIAGE <u>Mary Crews</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Laurens Co.</u>			(18) BIRTHPLACE <u>Laurens S.C.</u>	
(13) OCCUPATION <u>Book Keeper</u>			(19) OCCUPATION <u>Housewife</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 at 51 P.M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) C. D. West  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife

Given name added from a supplemental report

1916

Registrar

(26) Witness  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 21, 1916 (28) C. E. Smith  
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.

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