

Form No. 1

(1) PLACE OF BIRTH

County of Newham
Township of De Pock
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

4303

Registration District No. 3791 Registered No. 22
(For use of Local Registrar)

(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 Boy (4) Twin or Triplet? No (5) Number in order of birth 1st
To be answered only in event of Twin or Triplet

(6) Are Parents Married? Yes

DATE OF BIRTH Feb 2 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME John Wallace

9) PRESENT POSTOFFICE OF FATHER Hamlet

10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Year)

12) BIRTHPLACE W.C.

13) OCCUPATION Farmer

20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE John Wallace

15) PRESENT POSTOFFICE OF MOTHER Hamlet

16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Year)

18) BIRTHPLACE W.C.

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(18) I hereby certify that I attended the birth of this child, who was born alive at 11:00 M., on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(19) (Signature) Wm. Wallace

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Hamlet

(Note: name added after report)

Witness

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

Mar 1 1923 (26) Wm. Wallace Local Registrar.

When there is a stillbirth, the father, householder, etc., should make this return. No report is desired of stillbirths.