

FORM NO. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Blaine S.C.

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

45201

Township of Florence

Inc. Town of Registration District No. 200 Registered No. 110
(For use of Local Registrar)

City of (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 Johnny Wallace { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? u (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 20, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Johnnie Wallace

(9) PRESENT POSTOFFICE OF FATHER 167 ...

(10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE W.C. ...

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline McLean

(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.

(16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 15 (Years)

(18) BIRTHPLACE W.C. ...

(19) OCCUPATION Farmer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 o'clock ... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) midwife ... Martha G. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report

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

..... 191.....
H.M. Ayer Registrar

(27) Filed Jan 16 1916 (28) H.M. Ayer 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.

MARGIN RESERVED FOR BINDING.
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 OTHERS, No. 2, etc., in question 5.
McCaw, of Columbia