

FORM NO. 1.

(1) PLACE OF BIRTH

County of Flavell S.C.
Township of Flavell

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

46201

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>26</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 20, 1916</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Johnny Wallace</u>			(14) NAME BEFORE MARRIAGE <u>John McLean</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Flavell S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Flavell S.C.</u>	
(10) COLOR OR RACE <u>W.C. 26</u>	(11) AGE AT LAST BIRTHDAY <u>17</u> (Years)	(16) COLOR OR RACE <u>W.C. 26</u>		
(12) BIRTHPLACE <u>Flavell S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>15</u> (Years)		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>Flavell S.C.</u>		
(20) Number of children born to mother, including present birth <u>first birth</u>		(19) OCCUPATION <u>Farmer</u>		
(21) Number of children of this mother now living, including present birth <u>first birth</u>				

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 matron George J. J. St.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Flavell 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)H. M. Ayer
Registrar(27) Filed Jan 20 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 OTHER, No. 2, etc., in question 5.

McCaw, of Columbia