

PLACE OF BIRTH

County of Blount
 Township of Douglas
 or
 City of

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

File No.—For State Registrar Only

24028

Registration District No. A303 Registered No. 30
 (For use of Local Registrar)

(No. Ht.; Ward)
 If birth occurs in a hospital or other institution give name of same instead of street and number.)

(1) Full Name of Child Ronny Wallace If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD Male (3) Date of BIRTH Aug 14 1923
 (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clayton William Wallace(9) PRESENT POSTOFFICE OF FATHER Verbank(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 45
 (Year)(12) BIRTHPLACE IL(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Verline Libbome(15) PRESENT POSTOFFICE OF MOTHER Verbank(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 18
 (Year)(18) BIRTHPLACE IL(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M., on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) E. J. Hamber(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Verbank

Given name added from a supplemental report

(25) Witness

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

(26) Filed 8/15

(27) 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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