

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

(1) PLACE OF BIRTH

County of Dillon  
Township of Corniche  
or  
Inc. Town of .....STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

72395

Registration District No. 1601 Registered No. 58  
(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. Pauline Wallace If child is not yet named, make supplemental report as directed(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 31 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frank Wallace  
(9) PRESENT POSTOFFICE OF FATHER Rowland n c  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE Dillon Co. S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { ..... 1 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Gauss McDaniel  
(15) PRESENT POSTOFFICE OF MOTHER Rowland n c  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16 (Years)  
(18) BIRTHPLACE Dillon Co. S.C.  
(19) OCCUPATION House work  
(21) Number of children of this mother now living, including present birth { .... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Smith M.D.

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

Given name added from a supplemental report

Pauline Wallace 1916  
W. J. Smith Registrar(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 1 1916 (28) E. H. Westburg 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.