

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 <u>Dillon</u> Township of <u>Cornicheal</u> OR Inc. Town of .....		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No. — For State Registrar Only <u>72395</u>	
OR City of .....		Registration District No. <u>1601</u>		Registered No. <u>58</u> (For use of Local Registrar)	
(2) Full Name of Child. <u>Pauline Wallace</u>		If child is not yet named, make supplemental report as directed			
(3) <del>BOY</del> OR GIRL?	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 31 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Frank Wallace</u>			(14) NAME BEFORE MARRIAGE <u>Annie Gauss McDaniel</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Roxmond n c</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Roxmond n c</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)		
(12) BIRTHPLACE <u>Dillon Co. S.C.</u>			(18) BIRTHPLACE <u>Dillon Co. S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth { ..... 1 .....			(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 <u>Pauline</u> at <u>11 A</u> M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. N. Smith M.D.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report <u>Pauline 24, 1917</u> <u>C. W. Miller</u> <u>Regisr</u> Registrar			(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <u>Sept. 1916</u> (28) <u>C. H. Westbury</u> 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.