

(1) PLACE OF BIRTH

County of CharlestonTownship North Charlestonor Town S. T. Michaelor City of CharlestonCity of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 3279

Registered No.

(For use of Local Registrar)

St.

Word)

(2) Full Name of Child John Earl Wallace

If child is not yet named, make

supplemental report at directed

(3) SEX <u>Male</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number to order of birth	(6) Age in Years <u>Yes</u>
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FATHER.

MOTHER.

(7) FULL NAME Jaymes Hardway Wallace(8) PRESENT RESIDENCE OF FATHER North Charleston(9) COLOR White(10) AGE AT LAST BIRTHDAY 44(11) BIRTHPLACE NC(12) OCCUPATION Lawyer

(13) NUMBER OF CHILDREN OF THIS MOTHER

(14) PRESENT RESIDENCE OF MOTHER North Charleston(15) COLOR White(16) AGE AT LAST BIRTHDAY 37(17) BIRTHPLACE Perm(18) OCCUPATION Housewife

(19) NUMBER OF CHILDREN OF THIS MOTHER

(20) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(21) Signature of Physician or Midwife John A. Wilson(22) Address of Physician or Midwife Charleston

(23) Given name added from a supplemental report

(24) Signature of Witness

(25) Filed 2-14-1927

(26) 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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