

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

4859

County of OrangeburgTownship of Limestone

Inc. TOWN of

City of

Registration District No. 3611 Registered No. 7
(For use of Local Registrar)(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 Antony Wallace Jr. If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 29, 1923</u> (Name of Month) (Day) (Year)
-------------------------------	--	------------------------------	---------------------------------------	---

FATHER.

(8) FULL NAME Antony Wallace

(9) PRESENT POSTOFFICE OF FATHER Orangeburg

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36 (Year)

(12) BIRTHPLACE Orangeburg Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Dixon

(15) PRESENT POSTOFFICE OF MOTHER Orangeburg

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38 (Year)

(18) BIRTHPLACE Orangeburg Co

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mahala Green
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg

Given name added from a supplemental report

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

(27) Filed 2/26/23 (28) L. W. Coulter 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

REMARKS: REMOVED FOR READING. WITH UNPAID DUES. THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 8