

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town of York

or

City of

(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

File No. — For State Registrar Only

54113

Registration District No. 44-a Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child

Rufus Monroe Wallace

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy(4) Twin or Triplet? \(5) Number in order of birth \

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 3

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Quinn Wallace

(9) PRESENT POSTOFFICE OF FATHER

York SC.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 35

(Years)

(12) BIRTHPLACE

York Co. SC.

(13) OCCUPATION

Merchant(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE

Marie Canale

(15) PRESENT POSTOFFICE OF MOTHER

York SC.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 37

(Years)

(18) BIRTHPLACE

York Co. SC.

(19) OCCUPATION

Housewife(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 Alive at 4 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. H. McDowell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife York SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 5 191

(28)

McJ. Wallace 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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N. 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.

McGraw, of Columbia.