

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.
 McCaw, of Columbia.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of York
 Township of
 or
 Inc. Town of York Registration District No. 44-a Registered No. 11
 or
 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. Rufus Monroe Wallace If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
54113

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <input type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 3, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Quinn Wallace</u>		(14) NAME BEFORE MARRIAGE <u>Marie Carroll</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>York S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>York S.C.</u>		
(10) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>York Co. S.C.</u>		(18) BIRTHPLACE <u>York Co. S.C.</u>		
(13) OCCUPATION <u>Merchant</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

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 M.D. (25) Address of Physician or Midwife York S.C.

Given name added from a supplemental report 191...
 Registrar

(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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