

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

OR
Inc. Town of

or
City of

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

Registration District No.

Registered No.

(For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54205

(2) Full Name of Child Robert Earl Wallace

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar 5 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME Steady Wallace

(14) NAME BEFORE MARRIAGE Maggie Jarvis

(9) PRESENT POSTOFFICE OF FATHER Clower SC

(15) PRESENT POSTOFFICE OF MOTHER Clower SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE York Co

(18) BIRTHPLACE York SC

(13) OCCUPATION Price work

(19) OCCUPATION Housekeeper

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 74 E. Pine on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. H. Reed M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) File No. 54205-1916 (28) J. B. Brown 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.

MARGIN RESERVED FOR BIRTH RECORD. WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD. M. 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