

(1) PLACE OF BIRTH

County of Florence
 Township of Wright
 or
 Inc. Town of
 or
 City of

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

REGISTRATION DISTRICT NO. 22 Registered No. 17052
 (For use of Local Registrar)

(2) Full Name of Child Dallas George Pige (If named, make
 (If birth occurs in a hospital or other institution, give name of same and of street and number.)

(3) SEX OR CHILD Boy (4) AGE OF CHILD 38 (5) COLOR White (6) RACE White (7) BIRTHPLACE SC

(8) FULL NAME Ed Emotion Pige (9) FULL NAME Dora Floyd

(10) PRESENT RESIDENCE OF FATHER Coward SC (11) PRESENT RESIDENCE OF MOTHER Coward SC

(12) COLOR White (13) AGE AT LAST BIRTHDAY 28 (14) COLOR White (15) AGE AT LAST BIRTHDAY 26

(16) BIRTHPLACE SC (17) BIRTHPLACE SC

(18) OCCUPATION Farming (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3 (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 alive on the date above stated. (23) (Signature) [Signature] (24) State South Carolina (25) Address [Address]

(26) Witness [Signature] (27) Filed 7/12 (28) Local Registrar [Signature]

(Given name added from a supplemental report)

(29) Witness [Signature] (30) Filed 7/12 (31) Local Registrar [Signature]

*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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