

(1) PLACE OF BIRTH

County of Marion
 Township of Wahpet
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43671

Registration District No 32.1.7 Registered No. 441
 (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 Jack Smith Pace If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>U</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 14 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Henry Pace
 (9) PRESENT POSTOFFICE OF FATHER West Marion, S. C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Year)
 (12) BIRTHPLACE Marion Co. S. C.
 (13) OCCUPATION Foreman Car Shop
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Amie Diller Pratt
 (15) PRESENT POSTOFFICE OF MOTHER West Marion, S. C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)
 (18) BIRTHPLACE Georgetown, S. C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Dill
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marion, S. C.

Given name added from a supplemental report

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

(27) Filed Dec 15 1922 (28) J. L. Dill 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.