

(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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4978

Registration District No. 3706

Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child John Henry Pace

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

(1) BOY OR GIRL? Boy	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Feb 1 23 (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME Jesse L. Pace			(14) NAME BEFORE MARRIAGE Bessie Thomas	
(9) PRESENT POSTOFFICE OF FATHER Pickens, S.C.			(15) PRESENT POSTOFFICE OF MOTHER Pickens, S.C.	
(10) COLOR OR RACE white	(11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR OR RACE white		
(12) BIRTHPLACE Pickens Co		(17) AGE AT LAST BIRTHDAY 30 (Years)		
(13) OCCUPATION Heftle operative		(18) BIRTHPLACE Pickens Co		
		(19) OCCUPATION Housewife		
(20) Number of children born to mother, including present birth 9		(21) Number of children of this mother now living, including present birth 9		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature) H. Valley

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

Given name added from a supplemental report

May 11 1923

James S. Carey Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

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(28)

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.