

(1) PLACE OF BIRTH

County of Marion
 Township of Wahlee
 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

5000

Registration District No. 32.07Registered No. 7
(For use of Local Registrar)

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) A's Parents Married? Yes 7) DATE OF BIRTH Jan. 31, 1922
 (Name of Month) (Day) (Year)

FATHER. MOTHER.
 8) FULL NAME Herbert Pace 14) NAME BEFORE MARRIAGE Edw. Parks Cannon
 9) PRESENT POSTOFFICE OF FATHER Whigham, S.C. R.F.D. 15) PRESENT POSTOFFICE OF MOTHER Marion, S.C. R. 2
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 31 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 31
 12) BIRTHPLACE Marion Co., S.C. 18) BIRTHPLACE Marion Co., S.C.
 13) OCCUPATION Farmer 19) OCCUPATION Housewife
 20) Number of children born to mother, including present birth 1 21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature](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]

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

(27) Filed Feb. 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.

MARGIN RESERVE FOR FOLDING.
 WHITE PLAINS, WITH UNFOLDING INC.—THIS IS A PERMANENT RECORD
 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.