

(1) PLACE OF BIRTH

County of *Lancaster*Township of *Wichita*

Inc. Town of

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

No. 1a.—For State Registrar Use

28327

Registration District No. *2010* Registered No. *48*

(For use of Local Registrar)

(2) Full Name of Child *Erlyn Pate* If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <i>Girl</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age at birth <i>100</i>	(7) DATE OF BIRTH <i>Sep. 28, 1923</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <i>Marion Pate</i>	(14) NAME BEFORE MARRIAGE <i>Emily Rogers</i>	(9) PRESENT RESIDENCE OF FATHER <i>Cowards, S.P.</i>	(15) PRESENT RESIDENCE OF MOTHER <i>Cowards, S.P.</i>
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>36</i> (Year)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>25</i> (Year)
(12) BIRTHPLACE <i>S.P.</i>		(18) BIRTHPLACE <i>S.P.</i>	
(13) OCCUPATION <i>Farmer</i>		(19) OCCUPATION <i>Housewife</i>	
(20) Number of children born to mother, including present birth <i>3</i>		(21) Number of children of this mother now living, including present birth <i>3</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *S.P.* M. on the date above stated. (Dead, live or stillborn) (How A. M. or P. M.)

(23) (Signature)

(24) State whether

Physician or Midwife

Name of Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness not necessary when question is to sign birth)

(26) Filed

Sep. 28, 1923 (27) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.