

When there was no attending physician or midwife, the father, the mother, or the holder, etc., should make this report. If a child breathes even once, it is a live birth. No report is desired of stillbirths. (When there was no attending physician or midwife, the father, the mother, or the holder, etc., should make this report. If a child breathes even once, it is a live birth. No report is desired of stillbirths.)

(1) PLACE OF BIRTH

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

File No.—For State Registrar Only  
43248

County of Laurens  
Township of Rock  
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.)

Registration District No..... Registered No. 129  
(For use of Local Registrar)  
St.; ..... Ward)

(2) Full Name of Child

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) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 5, 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Henry Brown  
(9) PRESENT POSTOFFICE OF FATHER Barksdale SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20  
(Year)  
(12) BIRTHPLACE Laurens Co SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Lillie Simpson  
(15) PRESENT POSTOFFICE OF MOTHER Barksdale SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27  
(Year)  
(18) BIRTHPLACE Laurens Co SC  
(19) OCCUPATION Domestic  
(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 White at 4 A. M., on the date above stated. (Normal live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. Y. Pace M.D.  
(24) State South Carolina (25) Address of Physician or Midwife Pray Court SC

Given name added from a supplementary report.....  
(26) Signature of Witness necessary only when location 23 is signed by marks.....  
(27) Local Registrar.....

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