

Form No 1.

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH
 County of Florence
 Township of Pynch
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only

46227

Registration District No. 2010 Registered No. 2
 (For use of Local Registrar)

(2) Full Name of Child Robbie Pate { 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 Jan 13 1916
 (Name of Month) (Day) (Year)

FATHER

(3) FULL NAME David G. Pate

(5) PRESENT POSTOFFICE OF FATHER Cowards, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Cowards, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Martha M. Matthews

(15) PRESENT POSTOFFICE OF MOTHER Cowards, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Cowards, 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 Cowards, S.C. on the date above stated. (Born alive or stillborn) (Heard A. M. or P. M.)

(23) (Signature) Phyllis M. White

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cowards, S.C.

Given name added from a supplemental report

June 28 1916

W. M. Miller

W. M. Miller Registrar

(26) Witness E. Montgomery

(Signature of Witness E. Montgomery only when question 23 is signed by mother)

(27) Date Jan 25 1916 (28) E. Montgomery 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 RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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.

McCaw, of Columbia.