

## (1) PLACE OF BIRTH

County of SumterTownship of Cornwallor  
Inc. Town ofor  
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 Registration Only

66377

Registration District No. 4100 Registered No. 33

(For use of Local Registrar)

(2) Full Name of Child Phillip Lee 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) Are Parents Married? Yes (7) DATE OF BIRTH Aug 12 (8) (Name of Month) (Day) (Year)

## FATHER.

(9) FULL NAME Will Pace(10) PRESENT POSTOFFICE OF FATHER Sumter SC(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 33 (Years)(13) BIRTHPLACE Sumter Co(14) OCCUPATION Learning(15) Number of children born to mother, including present birth 3

## MOTHER.

(16) NAME BEFORE MARRIAGE Flourne S. Coon(17) PRESENT POSTOFFICE OF MOTHER Sumter SC(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 36 (Years)(20) BIRTHPLACE Sumter Co(21) OCCUPATION house wife(22) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at 6 AM (Born, alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(24) (Signature) Phillip Scott(25) State whether Physician or Midwife (26) Address of Physician or Midwife McLaurie Bagdon SC

Given name added from a supplemental report

(27) Witness Y. K. Kinney

(28) (Signature of Witness necessary only when question 26 is signed by mark)

(29) James P. Kinney (30) Don Kinney Local Registrar

When there was no attending physician or midwife, when the father, householder, etc., should make such report as a child breathes even once, it must be reported as stillborn. No report is desired of stillborn children.