

16 094523

FILE No.—For State Registrar Only

53551-A

1. PLACE OF BIRTH
 County of Richland
 Township of
 or
 Inc. Town of
 or
 City of Columbia

Standard Certificate of Birth
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 38-a Registered No.
 (For use of Local Registrar)
 (No. 1302 Smeets St. St.; Ward)

2. FULL NAME OF CHILD George Pechilis
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)
 { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births 4. Twin, triplet, or other 5. Premature 7. Legitimate? Y
 5. Number, in order of birth Full term? Y 8. Date of birth Jul 21, 19 14
 (Month, day, year)

9. Full name FATHER
Peter Pechilis
 10. Residence (usual place of abode)
 (If nonresident, give place and State) yes
 11. Color or race W 12. Age at last birthday 35 (Years)
 13. Birthplace (city or place)
 (State or country) Sparta Smeets

18. Full maiden name MOTHER
Mary Papas
 19. Residence (usual place of abode)
 (If non-resident, give place and State) 1302 Smeets St
 20. Color or race W 21. Age at last birthday 19 (Years)
 22. Birthplace (city or place)
 (State or country) Sparta Smeets

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dry cleaning
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. dry cleaning
 16. Date (month and year) last engaged in this work 19 14
 17. Total time (years) spent in this work 10

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. house work
 25. Date (month and year) last engaged in this work 19 14
 26. Total time (years) spent in this work since childhood

27. Number of children of this mother (At time of this birth and including this child) / (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn 0

28. If stillborn, period of gestation 6 { months { weeks 29. Cause of stillbirth 0 Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 20 m on the date above stated.
 (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M M Rice M. D.

Give name added from a supplemental report (Date of)

or Midwife
 Address 2019 Godsden St

Filed 19 40 M.B. Woodward M. D.

Registrar.

Registrar.