

16 094523

1. PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

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 Smeeth St.)

Ward

2. FULL NAME OF CHILD

George Pechilis

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twin, triplet, or other	5. Premature	7. Legitimate	8. Date of birth <u>Jul 21</u> (Month, day, year)
5. Number, in order of birth		Full term		mate?	19. <u>1916</u>
9. Full name <u>Peter Pechilis</u>			18. Full maiden name <u>Mary Papas</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>yes</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>1302 Smeeth St.</u>		
11. Color or race <u>M</u>	12. Age at last birthday <u>35</u> (Years)		20. Color or race <u>M</u>	21. Age at last birthday <u>19</u> (Years)	
13. Birthplace (city or place) (State or country) <u>Sparta, Tenn.</u>			22. Birthplace (city or place) (State or country) <u>Sparta, Tenn.</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dry cleaning</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>dry cleaning</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>house work</u>	
	16. Date (month and year) last engaged in this work <u>1914</u>			25. Date (month and year) last engaged in this work <u>1915</u>	
17. Total time (years) spent in this work <u>10</u>			26. Total time (years) spent in this work <u>since childhood</u>		
27. Number of children of this mother (At time of this birth and including this child) <u>1</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
28. If stillborn, period of gestation <u>6</u> months weeks		29. Cause of stillbirth <u>0</u>		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.

or _____, Midwife

Give name added from

a supplemental report

(Date of)

Address 2019 Smeeth St.Filed 40 M.B. Woodward M.D.

Registrar.

Registrar.