

MARGIN RESERVED FOR INDEXING. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK. IN SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Cross Church
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
87486

Registration District No. 40.03 Registered No. 102
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

John L. Pace

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Nov 19 14
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Preston Pace

(9) PRESENT POSTOFFICE OF FATHER

Laurens S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

39
(Years)

(12) BIRTHPLACE

Greenville Co.

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Strange

(15) PRESENT POSTOFFICE OF MOTHER

Laurens S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

Spartanburg Co.

(19) OCCUPATION

Domestic

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

4

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Physician Cross Church

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Nov 2 1914

(28)

C. D. Hanna
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.

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.