

(1) PLACE OF BIRTH

County of FlamenceTownship of North

or

Inc. Town of

or

City of Atlanta, Ga.

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

(2) Full Name of Child Ray Edmund Pizate

File No.—For State Registrar Only

42447

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2012Registered No. 116
(For use of Local Registrar)

St.; Ward)

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
To be answered only in event of Twin or Triplets

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH June 5 18 77
(Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Harry J. Pizate

(9) PRESENT POSTOFFICE OF FATHER

Atlanta, Ga.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34
(Years)

(12) BIRTHPLACE

Flamence, Ga.

(13) OCCUPATION

Mail Carrier

(14) NAME BEFORE MARRIAGE

Hattie C. Langston

(15) PRESENT POSTOFFICE OF MOTHER

Atlanta, Ga.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

17
(Years)

(18) BIRTHPLACE

Flamence, Ga.

(19) OCCUPATION

Domestic

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

6

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

(Hour, A. M. or P. M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1/2419 93

(28)

O. S. Hedder
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.

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