

## (1) PLACE OF BIRTH

County of Aiken S.C.

Township of .....

Inc. Town of TownCity of Aiken S.C.

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

(2) Full Name of Child Charles Henry Pate (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Triplet <u>No</u> To be answered only in case of Triplet	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>29</u>	(7) DATE OF BIRTH <u>Feb. 2, 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Charles Pate</u>	(14) NAME BEFORE MARRIAGE <u>Harriet Lloyd</u>	(9) PRESENT RESIDENCE OF FATHER <u>Aiken S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Aiken S.C.</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>29</u>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>29</u>
(12) BIRTHPLACE <u>Aiken S.C.</u>	(13) OCCUPATION <u>house wife.</u>	(18) BIRTHPLACE <u>Aiken S.C.</u>	(19) OCCUPATION <u>house wife</u>
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Sam(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 1208 P. M. S. St.

Given name added from a supplemental report

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

(27) Filed 2/21/23 (28) W. C. Ashurst Local Registrar

\*When there was no attending physician or midwife

WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.