

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

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

CERTIFICATE OF BIRTH

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

Registration District No. 3305

File in - For State Registrar Only
21883Registered No. 101
(For use of Local Registrar)

(2) Full Name of Child

3. Sex

Male

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Age

Months

(7) DATE OF BIRTH

July 9, 1923

(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

James Pate

9. PRESENT POSTOFFICE OF FATHER

Richmond Va

10. COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

23

(Year)

12. BIRTHPLACE

Howland NC

13. OCCUPATION

Rail Road Hand

22. Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 10, 1923

(28)

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.