

(1) PLACE OF BIRTH

County of Charleston S.C.

Township of

Inc. Town of

City of Charleston 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 Homer M. Pace, Jr.

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

(4) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 26, 1902
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Homer M. Pace(2) PRESENT POSTOFFICE OF FATHER 71 Ashley Ave Charleston S.C.(3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Raleigh N.C.(13) OCCUPATION Comptroller Char. Consolidated(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Beagden Proctor(15) PRESENT POSTOFFICE OF MOTHER 71 Ashley Ave Charleston S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Montgomery Ala.(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. T. Ascher(24) State whether Physician or Midwife (25) Address of Physician or Midwife 277 Calhoun

Given Name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by Homer Green)(27) Filed 1/5/13 (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.