

Form No. 1

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42416

## (1) PLACE OF BIRTH

County of FlorenceTownship of Lyons

or

Inc. Town of

or

City of

Registration District No. 2010Registered No. 96

(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

Rutena Pate

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Dec 8 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(3) FULL NAME James B Pate(9) PRESENT POSTOFFICE OF FATHER Cavadas SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Dada Ben W. Salter(15) PRESENT POSTOFFICE OF MOTHER Cavadas SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(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 born alive at U.S. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Corruption for Mad(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cavadas SC

Given name added from a supplemental report

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

(27) Filed Jan 8 1923 (28) E. P. Montgomery Local Registrar

19 .....

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.