

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Concord
 or
 Inc. Town of
 or
 City of

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

File No. For State Registrar Only
12169

Registration District No.

Registered No. 25
 (For use of Local Registrar)

(2) Full Name of Child James Maxwell Pace (No. St. Word)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

3 SEX OR GUY Boy 4 Twin or Triplet No 5 Number in order of birth 1 6 Are Parents Married Yes 7 DATE OF BIRTH March 7 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Harry Plummer Pace
 9 PRESENT POSTOFFICE OF FATHER Sumter Road #1
 10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 34
 12 BIRTHPLACE Sumter County
 13 OCCUPATION Farmer
 14 Number of children born to mother, including present birth 3

MOTHER.

15 NAME BEFORE MARRIAGE Ludie Floyd
 16 PRESENT POSTOFFICE OF MOTHER Sumter Road #1
 17 COLOR OR RACE White 18 AGE AT LAST BIRTHDAY 19
 19 BIRTHPLACE Sumter County
 20 OCCUPATION Housekeeping
 21 Number of children of this mother now living, including present birth 23

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

22 I hereby certify that I attended the birth of this child, who was Alive at 7:45 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Midwife(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Sumter Road #1

Give name added from a supplemental report

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

(27) Filed 19 (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.