

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor
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

File No.—For State Registrar Only

34691

Registration District No. 10025 Registered No. 336

(For use of Local Registrar)

City of Greenville St. Ward) (If child is not yet named, make supplemental report as directed)(2) Full Name of Child Maggie Myrtle Pace(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 4 1922 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME William L. Pace (9) NAME BEFORE MARRIAGE Irvin Wade(10) PRESENT POSTOFFICE OF FATHER Greenville (11) PRESENT POSTOFFICE OF MOTHER Greenville(12) COLOR OR RACE W (13) AGE AT LAST BIRTHDAY 25 (14) COLOR OR RACE W (15) AGE AT LAST BIRTHDAY 22 (Years) (Years)(16) BIRTHPLACE N.C. (17) BIRTHPLACE N.C.(18) OCCUPATION Carmen (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Allegene Brown (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. L. ...(27) Filed 1922 (28) Local Registrar

Given name added from a supplemental report

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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.

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MARGIN RESERVED FOR BINDING. WITH PLAINLY, WITH EXPOSING INK—THIS IS A PERMANENT RECORD. N. B.—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 3.

Seal of Columbia

Registrar Only

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