

(1) PLACE OF BIRTH

County of OconeeTownship of Centersor
Inc. Town ofor
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

20487

Registration District No. 3500 Registered No. 144

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 5, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. C. Pale
(9) PRESENT POSTOFFICE OF FATHER Lounsvile
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Year)
(12) BIRTHPLACE Lounsvile
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 5

MOTHER.

(15) NAME BEFORE MARRIAGE Emma Miers
(16) PRESENT POSTOFFICE OF MOTHER Lounsvile
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 31 (Year)
(19) BIRTHPLACE Lounsvile
(20) OCCUPATION Domestic
(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 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alvin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

W. C. Mayo

Given name added from a supplemental report

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

(27) Filed Sept 5, 1923 (28) A. J. Martin 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.

WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 4.

Bureau of Vital Statistics, Columbia, S. C.