

(1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeburg

or

Inc. Town of OrangeburgCity of Orangeburg

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Allen Amelia Pace

File No.—For State Registrar Only

2114

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 36ARegistered No. 6

(For use of Local Registrar)

(No. Union Creek St.; Ward)

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

3. BOY OR GIRL girl4. Twin or Triplet? X5. Number in order of birth 1st6. Are Parents Married? yes7. DATE BIRTH Jan 8, 22

(Line of Month) (Day) (Year)

To be answered only in case of Twin or Triplet

FATHER.

8. FULL NAME C.W. Pace9. PRESENT POSTOFFICE OF FATHER Union Creek10. COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 28
(Years)12. BIRTHPLACE Anderson Co13. OCCUPATION Merchant20. Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Miss James Collins(15) PRESENT POSTOFFICE OF MOTHER Union Creek(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Anderson Co(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 12:50 PM on the date above stated. (Hour A. M. or P. M.)(23) (Signature) H. P. Schupp

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Orangeburg

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 27, 22(28) W. B. Decker

Registrar

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.

SIGNATURE

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