

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or
(City of

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

(2) Full Name of Child

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. 360 Registered No. 6

(For use of Local Registrar)

(No. Union Cree St.;St.;Ward)

3) BOY OR GIRL

girl

4) Twin or Triplet?

X

5) Number in order of birth

1st

6) Are Parents Married?

yes

7) DATE

Jan 8, 22

BIRTH (One of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

8) FULL NAME

C.W. Pace

9) PRESENT POSTOFFICE OF FATHER

Union Cree

10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

28

(Years)

12) BIRTHPLACE

Anderson Co

13) OCCUPATION

Mechanic

20) Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Mrs. James Collins

(15) PRESENT POSTOFFICE OF MOTHER

Union Cree

(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 at 12:30 PM on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jul 27 22

(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.

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MARGIN RESERVED FOR BUNDLING.

WHITE PLAIN. WITH ENFOLDING END.—THIS IS A FORM SENT REGARDING CHILDREN. IN CASE OF DEATHS, THIS IS A SEPARATE FORM FOR EACH CHILD AND MARK THE CHILD'S SEX. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD AND MARK THE CHILD'S SEX. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD AND MARK THE CHILD'S SEX. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD AND MARK THE CHILD'S SEX.

1

Section of Columbia, Columbia 6 C