

WRITE PLAINLY  
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 8.  
SACRAMENTO, CALIFORNIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>Harney</u> Township of <u>Beulah</u> or Inc. Town of ..... or City of ..... (No. .... St. .... Ward .....) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>34891</b>
Registration District No. <u>55</u> Registered No. <u>58</u> (For use of Local Registrar)				
(2) Full Name of Child <u>Paul Harrison Motte</u>		(If child is not yet named, make supplemental report as directed)		
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 21 1921</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>John Harry Motte</u> (9) PRESENT POSTOFFICE OF FATHER <u>Conway, S. C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>32</u> (Years) (12) BIRTHPLACE <u>Concord, N. C.</u> (13) OCCUPATION <u>Farmer</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Leah Belle Motte</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Conway, S. C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>28</u> (Years) (18) BIRTHPLACE <u>Harney Co. S. C.</u> (19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>[Signature]</u> (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Conway, S. C.</u>				
Given name added from a supplemental report ..... ..... ..... 19... Registrar		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Oct 23 1921</u> (28) <u>[Signature]</u> 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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