

County of York  
Township of York  
or  
Inc. Town of  
or  
City of

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

**30669**

Registration District No. 4405

Registered No. 115  
(For use of Local Registrar)

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

(2) Full Name of Child Jessie Paulap

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

(1) SEX OR Boy (2) Type or Triple (3) Number in order of birth (4) born (5) DATE OF Sept 25 23  
Birth (Month) (Day) (Year)

**FATHER.**  
(6) FULL NAME Ernie Paulap  
(7) PRESENT RESIDENCE OF FATHER York R. F. D.  
(8) COLOR OR RACE negro (9) AGE AT LAST BIRTHDAY 35 (Years)  
(10) BIRTHPLACE York Co  
(11) OCCUPATION Farmer

**MOTHER.**  
(12) NAME BEFORE MARRIAGE Clara Jones  
(13) PRESENT RESIDENCE OF MOTHER York R. F. D.  
(14) COLOR OR RACE negro (15) AGE AT LAST BIRTHDAY 32 (Years)  
(16) BIRTHPLACE York Co  
(17) OCCUPATION Domestic

(18) Number of children born to mother, including present birth 3  
(19) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(20) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn. Mark P. M. or P. M.)

(21) (Signature) James H. Smith  
(22) State whether Physician or Midwife midwife (23) Address of Physician or Midwife York R. F. D.

Given name added from a supplemental report

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

(25) Filed Sept 29 1923 (26) Bessie Pearson 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.