

County of York
 Township of York
 or
 Inc. Town of

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

30669

Registration District No. 4408 Registered No. 115
 (For use of Local Registrar)

City of (No.) Ward
 (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

(3) SEX OR SEXES Boy (4) Type or Trade (5) Number in order of birth (6) DATE OF BIRTH Sept 25 23
To be entered only in case of Twins or Triplets

FATHER.
 (8) FULL NAME Ernie Paulap
 (9) PRESENT RESIDENCE OF FATHER York R. F. D.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE York Co
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 3

MOTHER.
 (15) NAME BEFORE MARRIAGE Clara Jones
 (16) PRESENT RESIDENCE OF MOTHER York R. F. D.
 (18) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32 (Years)
 (19) BIRTHPLACE York Co
 (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 born alive on the date above stated. (Born alive or stillborn. Mark P. M. or P. M.)

(23) (Signature) James H. Smith
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife York R. F. D.

Given name added from a supplemental report

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

(27) Filed Sept 29 1923 (28) 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.