

## (1) PLACE OF BIRTH

County of Horry  
 Township of Lanes

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 James Harris Paston

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 30 1905</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J. H. Paston</u>			(14) NAME BEFORE MARRIAGE <u>Leola M. Ewen</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Seranton R. 7. N.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Seranton R. 7. N.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Lanham St.</u>			(18) BIRTHPLACE <u>Sumter St.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>one</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 4.4. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Mauda Stone

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 \_\_\_\_\_, 191...  
 \_\_\_\_\_  
 Registrar

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

(27) Filed \_\_\_\_\_, 191... (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.

Fifth month of pregnancy.

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

File No. — For State Registrar Only  
42830

Registration District No. 2. P. P. 9. Registered No. 118

(For use of Local Registrar)

St.; \_\_\_\_\_ Ward

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

Form No. 10.  
 MARRIAGE RECORDS FOR BIRTHS  
 WHITE PLAINS, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 5.

County of Columbia