

(1) PLACE OF BIRTH

County of *Horry*Township of *Simpsen Creek*

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43001

Registration District No. *7509* Registered No. *118*
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *To be answered only in event of Twins or Triplets* (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *October 30 22*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *John Brooks Paul*(9) PRESENT POSTOFFICE OF FATHER *Allbrook SC R4*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *33*
(Years)(12) BIRTHPLACE *Horry Co SC*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *Four*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Eleanor Shelley*(15) PRESENT POSTOFFICE OF MOTHER *Allbrook SC R4*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *26*
(Years)(18) BIRTHPLACE *Horry Co SC*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *Four*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *2:15* P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Hugh Richardson*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Leno SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Nov 10 1922* (28) *Richardson* 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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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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.