

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Lancaster
Township of Lancaster
or
Inc. Town of Lancaster
or
City of Lancaster (No. 28a St. 78 Ward 11a)
(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

No. 43127

Registered No. 78
(For use of Local Registrar)

(2) Full Name of Child Paul (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>	(5) Number in order of birth <u>70</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Dec 30, 22</u>
FATHER		MOTHER		
(8) FULL NAME <u>Clare Likh</u>		(14) NAME BEFORE MARRIAGE <u>Mary Saunders</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Kershaw</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster</u>		
(10) COLOR OR RACE <u>Cpl</u>	(11) AGE AT LAST BIRTHDAY (Years) <u>29</u>	(16) COLOR OR RACE <u>Cpl</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>29</u>	
(12) BIRTHPLACE <u>Kershaw Co</u>		(18) BIRTHPLACE <u>Lancaster</u>		
(13) OCCUPATION <u>Sub work</u>		(19) OCCUPATION <u>House Keeper</u>		
(22) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (If alive or stillborn) (Hour 11a or P. M.)
(23) (Signature) Martha M. Kimmey
(24) Name whether Physician or Midwife
(25) Address of Physician or Midwife