

## (1) PLACE OF BIRTH

County of AndersonTownship of Centerville

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17515

Registration District No. 303Registered No. 99

(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Paul Norwood

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

June 7, 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Lebwy Norwood

(9) PRESENT POSTOFFICE OF FATHER

Anderson, S.C. R#3

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

38  
(Years)

(12) BIRTHPLACE

Anderson Co. S.C.

(13) OCCUPATION

Laborer

## MOTHER

(14) NAME BEFORE MARRIAGE

Rice Mathison

(15) PRESENT POSTOFFICE OF MOTHER

Anderson, S.C. R#3

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

15  
(Years)

(18) BIRTHPLACE

Anderson Co. S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

I

(21) Number of children of this mother now living, including present birth

I

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

even name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by Dr. B. CRAYTON)

(27) Filed

19

(28)

ANDERSON, S.C.

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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