

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 8

(1) PLACE OF BIRTH

County of Richmond
 Township of Millon

Inc. Richmond

City of Richmond

CERTIFICATE OF BIRTH

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

No. 17651

Registration District No. 2011 Registered No. 34
 (For use of Local Registrar)

(No. 1 St. 1 Ward 1)
 If child is not yet named, give name of same instead of street and number.

(2) Full name of Child Pauline If child is not yet named, make supplemental report as directed

(3) SEX Female (4) Twin or Triplet No (5) Name in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH 6-16-23
 To be answered only in case of Twins or Triplets

FATHER.
 (8) Full name John A. Brown
 (9) Occupation Farmer
 (10) Address Richmond, S.C.
 (11) Occupation Farmer
 (12) Number of children born to mother 1

MOTHER.
 (13) NAME BEFORE MARRIAGE Adeline Miller
 (14) PRESENT POSTOFFICE OF MOTHER Richmond
 (15) Address Richmond, S.C.
 (16) Occupation Domestic
 (17) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(19) (Signature) Rush
 (20) State whether Physician or Midwife Physician (21) Address of Physician or Midwife Richmond, S.C.

Given name taken from a supplemental report

(22) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (23) Filed 19 (24) Local Registrar W. H. Worrell

When no attending physician or midwife, then the father, householder, etc., should make this return. If a child is stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.