

## (1) PLACE OF BIRTH

County of *Worcester*Township of *1st*

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

Registration District No. *4361*

File No.—For State Registrar Only

12327

Registered No. *44*

(For use of Local Registrar)

## (2) Full Name of Child

*William Henry Paer*

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 Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

*Apr 10 23*

(Name of Month) (Day) (Year)

## FATHER.

4) FULL NAME

*Jr Paer*

5) PRESENT POSTOFFICE OF FATHER

*Greenville SC*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*23*

12) BIRTHPLACE

*S.C.*

13) OCCUPATION

*Mechanic*

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

*1*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Ethel Paer*

(15) PRESENT POSTOFFICE OF MOTHER

*Greenville SC*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*18*

(18) BIRTHPLACE

*S.C.*

(19) OCCUPATION

*Housewife*

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

*1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was *born alive* at *8:00* M., on the date above stated. *Hour A. M. or P. M.*

(23) (Signature)

*Emma White*

(24) State whether Physician or Midwife

*Midwife*

(25) Address of Physician or Midwife

*Greenville SC*

Given name added from a supplemental report

(26) Witness

Signature of Witness necessary only when question 23 is signed by

(27) Filed

*Apr 12 23*

(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.