

(1) PLACE OF BIRTH

County of CampobelloTownship of Campobello

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

23894

Registration District No. 407-RRegistered No. 63
(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 Pool

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

3) BOY OR

(4) Twin or Triplet?

(5) Number in order of birth 2(6) Are Parents Married? Yes

(7) DATE OF

BIRTH May 26, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Paul Pool

9) PRESENT POSTOFFICE OF FATHER

Campobello

10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 22
(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Drene Pool

(15) PRESENT POSTOFFICE OF MOTHER

Campobello

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 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

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6-22-22(28) C. L. Mayhew 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.