

## (1) PLACE OF BIRTH

County Union

Township of .....

or  
Inc. Town of .....(City Union (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 Richard

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

3 SEX Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 6/9/23  
(Name of Month) (Day) (Year)

FATHER  
10 NAME Witchell Crockett11 PRESENT POSTOFFICE OF FATHER Union S.C.12 COLOR OR RACE N (13) AGE AT LAST BIRTHDAY 36 (Years)14 BIRTHPLACE Grace15 OCCUPATION Restaurant16 NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 3MOTHER  
(14) NAME BEFORE MARRIAGE Billy Gregory(15) PRESENT POSTOFFICE OF MOTHER Union S.C.(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Union S.C.(19) OCCUPATION Domestic(20) Name of children of this mother now living, including present birth Paul Richard

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour 6:00 M. or P. M.) on the date above stated.(22) (Signature) A. D. Williams  
(23) State whether Physician or Midwife Physician (Address of Physician or Midwife)

Given name added from a supplemental report

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

(25) Filed 6/10/23 (26) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.