

## (1) PLACE OF BIRTH

County of Aurora  
 Township of York  
 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

13611

Registration District No. 3.25Registered No. 60  
(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 Greg Pauls

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH 5-28-24  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Davis  
 (9) PRESENT POSTOFFICE OF FATHER Fair Play  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Oakley  
 (15) PRESENT POSTOFFICE OF MOTHER Fair Play  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (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 \_\_\_\_\_ at \_\_\_\_\_ M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Mary Smith  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Fair Play

Given name added from a supplement-  
 al report

(26) Witness

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

(27) Filed June 1924 (28) D. J. Gallaway  
 Registrar 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.