

THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR STATISTICAL PURPOSES. IT IS TO BE USED FOR THE PURPOSE OF RECORDING THE BIRTH OF A CHILD. IT IS TO BE USED FOR THE PURPOSE OF RECORDING THE BIRTH OF A CHILD. IT IS TO BE USED FOR THE PURPOSE OF RECORDING THE BIRTH OF A CHILD.

(1) PLACE OF BIRTH
County of Richland.....
Township of
Reg. No. of
City of Columbia, S.C. (No. 1209 Ashley Ave.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Pauline Louise.....

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

FILE NO. 37416

(1) SEX OF CHILD <u>Boy</u>	(2) TYPE OF BIRTH <u>X</u>	(3) NUMBER IN ORDER OF BIRTH <u>X</u>	(4) AGE <u>4</u>	(5) DATE OF BIRTH <u>Oct 14 1933</u>
FATHER (10) FULL NAME <u>W. Morse</u> (11) PRESENT RESIDENCE <u>Columbia, S.C.</u> (12) COLOR <u>White</u> (13) AGE AT LAST BIRTHDAY <u>34</u> (14) BIRTHPLACE <u>S.C.</u> (15) OCCUPATION <u>Textile</u> (16) Number of children born to mother, including present birth <u>5</u>			MOTHER (10) NAME BEFORE MARRIAGE <u>Hinda Stone</u> (11) PRESENT RESIDENCE <u>Columbia, S.C.</u> (12) COLOR <u>White</u> (13) AGE AT LAST BIRTHDAY <u>34</u> (14) BIRTHPLACE <u>S.C.</u> (15) OCCUPATION <u>Housewife</u> (16) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 1:30 A.M. (Hour A. M. or P. M.)
(21) (Signature) J. H. Irons
(22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Columbia, S.C.
(24) Given name added from a supplemental report
(25) Witness (Signature of Witness necessary only when question 20 is signed by mark)
(26) Registrar J. H. Irons (27) Date Oct 17 1933 (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.
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.