

(1) PLACE OF BIRTH

County of LaurensTownship of Watts MillInc. Town of Watts MillCity of Watts Mill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1904

File No.—For State Registrar Only

21672Registered No. 60
(For use of Local Registrar)(No. 1 of 1 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Cherry Roy Paulson (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 11, 23(8) FATHER'S FULL NAME Smith Paulson (9) MOTHER'S FULL NAME Leah Martin(10) PRESENT POSTOFFICE OF FATHER Watts Mill, Laurens, SC (11) PRESENT POSTOFFICE OF MOTHER Watts Mill, Laurens, SC(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 39 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 38(16) BIRTHPLACE Turn (17) BIRTHPLACE SC(18) OCCUPATION Textile (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:45 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jan Bearden (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Laurens, SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Date July 17, 23 (28) Local Registrar Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

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