

(1) PLACE OF BIRTH

County of Anderson
Township of Centerville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. — For this registration
30947Res. Town of Registration District No. 303 Registered No. 116
(For use of Local Registrar)

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ethel Mae Paul If child is not yet named, make supplemental report as directed(3) SEX OR CHILD girl (4) Type of Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? ☒ (7) DATE OF BIRTH Oct 4 1933
(Name of Month) (Day) (Year)FATHER
(8) FULL NAME Anna Mae Paul(9) PRESENT RESIDENCE OF FATHER Anderson S.C. R#4(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Abbeville Co. S.C.(13) OCCUPATION Farm laborer(14) Number of children born to mother, including present birth 3MOTHER
(14) NAME BEFORE MARRIAGE Ethel Hunter(15) PRESENT RESIDENCE OF MOTHER Anderson S.C. R#4(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Abbeville Co. S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) 12:00 A.(22) (Signature) F. H. Brown(23) State whether Physician or Midwife (24) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed (27) 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.

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