

## (1) PLACE OF BIRTH

County of *Columbia*Township of *Hammond*

Inc. Town of

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 *Pauline Coolidge*(3) SEX OR GIRL? *girl*(4) Twin *one* or Triplet? *no*(5) Number in order of birth *7*(6) Are Parents Married? *yes*(7) DATE OF BIRTH *May 6 1922*(8) NAME BEFORE MARRIAGE *Dessie Cheek*(9) PRESENT POSTOFFICE OF MOTHER *Hammond SC*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *24*(12) BIRTHPLACE *Georgian*(13) OCCUPATION *Home wife*(14) Number of children born to mother, including present birth *4*(15) Number of children of this mother now living, including present birth *4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7 A.M.* on the date above stated.(23) (Signature) *J. P. Williams*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Hammond SC*

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

(27) File *May 30 1922*(28) *J. P. Williams* 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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