

(1) PLACE OF BIRTH

County of YorkTownship of YorkIn. Town of YorkCity of York

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—for State Registrar Only

38001

Registration District No. 44-A Registered No. 54

(For use of Local Registrar)

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

(2) Full Name of Child Paula Day Pearl

If child is not yet named, make supplemental report as directed (rar.)

(3) SEX OR (4) Twin (5) Number in (6) Are (7) DATE OF BIRTH (8) Ward

FATHER. MOTHER.

(9) FULL NAME (10) NAME BEFORE MARRIAGE

(11) PRESENT POSTOFFICE OF FATHER (12) PRESENT POSTOFFICE OF MOTHER

(13) COLOR OR RACE (14) AGE AT LAST BIRTHDAY (15) AGE AT LAST BIRTHDAY

(16) BIRTHPLACE (17) OCCUPATION

(18) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(27) Filed (28) Local Registrar

(29) When there was no attending physician or midwife, then the father, householder, etc., should make this return.

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