

FOR FILING.

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(1) PLACE OF BIRTH

County of Richland
Township of Millboro
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
5663

Registration District No. 20 Registered No. 0
(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 Paul Elsie Videner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 6, 1923
(Time of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Charlie Videner</u>	(14) NAME BEFORE MARRIAGE <u>Widener</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Millboro SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Millboro SC</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>Millboro SC</u>	(18) BIRTHPLACE <u>Millboro SC</u>	(19) OCCUPATION <u>Farmer</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>4</u>	(22) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 4:30 M., on the date above stated. (Hour A. M. or P. M.)

(24) (Signature) Laverne H. H. H. (25) State whether Physician or Midwife Physician (26) Address of Physician or Midwife Millboro SC

Given name added from a supplemental report
(27) Witness Local Registrar
(Signature of Witness necessary only when question 23 is signed by mark)
(28) Filed Jan 5, 1923 (29) 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.