

(1) PLACE OF BIRTH

County of Orangeburg

Township of Orangeburg

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
78691

Registration District No. 3613

Registered No. 156
(For use of Local Registrar)

(2) Full Name of Child John E. Elmore Paschall

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>August, 12, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John E. Elmore Paschall

(9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 3-0 (Years)

(12) BIRTHPLACE Orangeburg, S.C.

(13) OCCUPATION Physician

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

MOTHER.

(14) NAME BEFORE MARRIAGE Paul Brantley Powell

(15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Luskas

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. C. Paschall

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Oct 7, 1916 (28) A. J. F. 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.