

(1) PLACE OF BIRTH

County of *Charleston*
 Township of *St. Phillips*
 or
 Inc. Town of *St. Michaels*
 or
 City of *Charleston* (No. *W Charleston*)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

88863

Registration District No. *909* Registered No. *170*

(For use of Local Registrar)

(2) Full Name of Child *Joyson of Mr & Mrs William Paulson*

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *-* (5) Number in order of birth *5* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec 28 1916*
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME *William Paulson* (14) NAME BEFORE MARRIAGE *Anna Belle Brown*

(9) PRESENT POSTOFFICE OF FATHER *W. Charleston S.C.* (15) PRESENT POSTOFFICE OF MOTHER *W. Charleston S.C.*

(10) COLOR OR RACE *W. C.* (11) AGE AT LAST BIRTHDAY *32* (16) COLOR OR RACE *W. C.* (17) AGE AT LAST BIRTHDAY *28*
(Years) (Years)

(12) BIRTHPLACE *Charleston S.C.* (18) BIRTHPLACE *Charleston S.C.*

(13) OCCUPATION *Rabber* (19) OCCUPATION *Domestic*

(20) Number of children born to mother, including present birth *5* (21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *4 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Dr. W. S. Sherman*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician Charleston 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 *Dec. 30 1916* (28) *C. F. Myers* 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.

before the fifth month of pregnancy.

McGraw-Hill Publishing Co. New York, N. Y. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OFFICIAL. No. 2, etc., in question 5.