

WRITE PLAINLY, WITH ENCASED INK—FILL IN A PREPARED BLANK FOR EACH CHILD, AND MARK THE
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 5.
McGraw, of Columbia.

(1) PLACE OF BIRTH

County of *Charleston*

Township of *St. Phillips*

or
Inc. Town of

or
City of *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)

St.; Ward

(2) Full Name of Child

Infant son 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

FATHER.

(8) FULL NAME

William Paulson

(9) PRESENT POSTOFFICE OF FATHER

W. Charleston S.C.

(10) COLOR OR RACE

Cro

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Railroad

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Belle Brown

(15) PRESENT POSTOFFICE OF MOTHER

W. Charleston S.C.

(16) COLOR OR RACE

Cro

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Charleston S.C.

(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)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

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)

G. 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.