

McC's
 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 1.

(1) PLACE OF BIRTH
 County of Laurens
 Township of Hunter
 or Town of Goldville
 City of

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

File No.—For State Registrar Only
7592

Registration District No. 22902 Registered No. 13
 (For use of Local Registrar)
 (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Pauline Bernice Prince If child is not yet named, make supplemental report as directed

(3) Sex or Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age After (7) DATE Feb 8 23
 To be answered only in case of Twin or Triplet BIRTH (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Clayde Raymond Prince
 (9) PRESENT POSTOFFICE OF FATHER Goldville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE Union
 (13) OCCUPATION Truck Operator
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Elma Crouch
 (15) PRESENT POSTOFFICE OF MOTHER Goldville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE Saluda Co.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated. (Survived) (Stillborn) Hour A. M. or P. M.)

(23) (Signature) W. E. Bailey
 (24) State Physician or Midwife (25) Address Goldville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Date Feb 18 23 (28) W. E. Bailey
 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.

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