

(1) PLACE OF BIRTH

County of DarlingtonTownship of Conover

OR

Inc. Town of

OR

City of

(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 Use

41987

Registration District No. 1304 Registered No.

(For use of Local Registrar)

(2) Full Name of Child Paul Carrell Sweet (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

(4) Twin or Triplet? 1(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 25 1922

FATHER

(8) FULL NAME Charles Sweet(9) PRESENT POSTOFFICE OF FATHER Hartsville(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Mechanic(20) Number of children born to mother, including present birth: 2

MOTHER

(14) NAME BEFORE MARRIAGE Lorelle Scarborough(15) PRESENT POSTOFFICE OF MOTHER Hartsville(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive P.P. on the date above stated. (Was alive or stillborn? (Hour A. M. or P. M.))(23) (Signature) H. C. Barker

(24) Name, whether Physician or Midwife

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

Given name added to the birth record

Signature of Witness necessary only when question 22 is signed by mark

When there was no physician or midwife, then the father, householder, etc., should make this return. If a child is born dead, or stillborn, no report is desired of stillbirths.

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