

(1) PLACE OF BIRTH

County of Wayne
Township of Summitwell
or
Inc. Town of.....
of
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21851

Registration District No. 3301

Registered No. 91
(For use of Local Registrar)

(2) Full Name of Child Reuben Paul

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

3. BOY OR GIRL Boy (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH 11/18/23
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Will Paul

9. PRESENT POSTOFFICE OF FATHER Summitwell S.C.

10. COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Years)

12. BIRTHPLACE North Carolina

13. OCCUPATION Miner

20. Number of children born to mother, including present birth 10

MOTHER.

14. NAME BEFORE MARRIAGE Mary M. Collins

15. PRESENT POSTOFFICE OF MOTHER Summitwell S.C.

16. COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33 (Years)

18. BIRTHPLACE North Carolina

19. OCCUPATION Teacher

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 11:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State South Carolina (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) File Way 2 23 (28) [Signature] 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.

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