

(1) PLACE OF BIRTH

County of Myrtle
Township of Myrtle
or
Inc. Town of
or
City of

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

File No. - For State Registrar Only
534

Registration District No. 4-1-0-4 Registered No. 13
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Paul

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE Feb. 27, 1923
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Henry Paul
(9) PRESENT POSTOFFICE OF FATHER Myrtle Beach, S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Year)
(12) BIRTHPLACE Myrtle Beach, S.C.
(13) OCCUPATION Owner & Manager of Hotel
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Mary B. Paul
(15) PRESENT POSTOFFICE OF MOTHER Myrtle Beach, S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 13 (Year)
(18) BIRTHPLACE Myrtle Beach, S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Dr. J. H. Miller
(24) State whether Physician or Midwife (Signature of Physician or Midwife) Dr. J. H. Miller

Given name added from a supplemental report
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19

(25) Witness
(Signature of Witness necessary only when question 23 is signed by mother)
(27) Filed Feb. 28, 1923 (28) Dr. J. H. Miller
Registrar Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of twins or triplets use a separate blank form for each child, and mark as FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.