

(1) PLACE OF BIRTH

County of GreeneTownship of Greene

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

4411

Registration District No. 2804Registered No. 19

(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

Pauline Prince

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

3. BOY OR GIRL Girl4. Twin or Triplet No5. Number in order of birth 16. Are Parents Married Yes7. DATE OF BIRTH Feb 12 23
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Golden Prince9. PRESENT POSTOFFICE OF FATHER Watts Mills10. COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 23
(Year)12. BIRTHPLACE La13. OCCUPATION mill work.20. Number of children born to mother, including present birth 3

MOTHER.

14. NAME BEFORE MARRIAGE Samatha Rice15. PRESENT POSTOFFICE OF MOTHER Watts Mills16. COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 28
(Year)18. BIRTHPLACE Laurens,19. OCCUPATION domestic21. 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 at M.,
on the date above stated. (Signature of Physician or Midwife) (Hour A. M. or P. M.)

(23) Signature of Physician or Midwife James R. Walker(24) State, where Physician or Midwife South Carolina(25) Address of Physician or Midwife Laurens, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Date Feb 15 23(28) Local Registrar James R. Walker

*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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WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD. USE MORE THAN ONE IF NECESSARY. FIRST-BORN. No. 1. THIS UTILITY. No. 2, etc., in question 8.

Section of Columbia, Columbia, S.C.