

PLACE OF BIRTH

County of HenryMunicipality of Indian Creek

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 HealthRegistration District No. 7509

No. for State Registrar Only

14479Registered No. 9
(For use of Local Registrar)Full Name of Child Paul L. Mische

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

(1) SEX OF CHILD <u>Boy</u>	(2) Type of Twins <u>Yes</u> To be answered only in event of Twins or Triplets	(3) Number in order of birth <u>1</u>	(4) Age of Mother <u>yes</u>	(5) DATE OF BIRTH <u>Jan 31 - 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(6) NAME BEFORE MARRIAGE <u>Wylie Levi Mische</u>			(7) NAME BEFORE MARRIAGE <u>Race Putter Sheren</u>	
(8) PRESENT POSTOFFICE OF FATHER <u>Fabox U.C. R.D.</u>			(9) PRESENT POSTOFFICE OF MOTHER <u>Fabox U.C. R.D.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(14) BIRTHPLACE <u>Henry County S.C.</u>
(15) BIRTHPLACE <u>Henry County S.C.</u>	(16) OCCUPATION <u>Farmer</u>	(17) BIRTHPLACE <u>Henry County S.C.</u>	(18) OCCUPATION <u>Housewife</u>	(19) Number of children of this mother now living, including present birth <u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive at 5:20 p.m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature)

(22) State whether

Physician or Midwife

(23) Address of Physician or Midwife

Give name and title from a supplemental report

L. A. Pinner, M.D.9.2.3/4.3 19 23

Registrar

(24) Witness

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

(25) Filed Feb 10 1923(26) Henrietta Pinner
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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