

(1) PLACE OF BIRTH

County of Worcester
 Township of Providence
 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
16264

Registration District No. 3614 Registered No. 55
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Pauling If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH May 4, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Harry Pauling
 (9) PRESENT POSTOFFICE OF FATHER Parker, S. C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23 (Year)
 (12) BIRTHPLACE Be Charleston County
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Lillian Walker
 (15) PRESENT POSTOFFICE OF MOTHER Parker, S. C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE Aiken County
 (19) OCCUPATION Housekeeping
 (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 at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Larry Earnest
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Parker, S. C.

Given name added from a supplemental report

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

(27) Filed May 13, 1922 (28) D. S. Dantley 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 2.
 BUREAU OF COLUMBIA, COLUMBIA, S. C.