

(1) PLACE OF BIRTH

County of Richmond

Township of

OR

Inc. Town of

OR

City of

(If birth occurred in a

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40905

Registration District No. 310

Registered No. 71

(For use of Local Registrar)

(No.)

St.;

Ward;

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

(2) Full Name of Child Paul

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

(3) BOY OR GIRL Boy

(4) Number in family of birth

(5) Are Parents Married? yes

(6) DATE OF BIRTH Dec 2 1922

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME Paul

(9) PRESENT POSTOFFICE OF FATHER Liberty S.C. N 2

(10) COLOR OR RACE Negro

(11) BIRTHPLACE S.C.

(12) OCCUPATION Farmer

(13) Number of children born to mother, including present birth 5

(14) NAME BEFORE MARRIAGE Emma Manuel

(15) PRESENT POSTOFFICE OF MOTHER Liberty S.C. N 2

(16) COLOR OR RACE Negro

(17) BIRTHPLACE S.C.

(18) OCCUPATION House wife

(19) Number of children of this mother now living, including present birth 5

(20) I hereby certify that is the father of this child, who was born alive on the date above stated at 10:45 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)

Given name added from a supplemental report

When there was no attending physician or midwife, the father, householder, etc., should make this return as stillborn. No report is desired of stillbirths within the month of pregnancy.

ATTENDING PHYSICIAN OR MIDWIFE

Alice H. Rainbolt at 10:45 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)

Address of Physician or Midwife Rankin S.C. N 1

J. E. Allgood (Signature of Witness necessary only when question 23 is signed by mark)

Dec 10 1922 (28) W. L. Casey Local Registrar