

FORM NO. 8
MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

(1) PLACE OF BIRTH
County of Granville
Township of Granville
or
Inc. Town of Registration District No. 2209 Registered No. 430
or
City of No. 54 Blake St. Ward
(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 Health

File No.—For State Registrar Only
77299

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>/</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>3</u>	(7) DATE OF BIRTH <u>9 6 1912</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>W. Smith Paulson</u>			(14) NAME BEFORE MARRIAGE <u>Souly Martin</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>54 Blake St. Granville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Home</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	(16) COLOR OR RACE <u>M</u>		
(12) BIRTHPLACE <u>N. D.</u>		(17) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>		
(13) OCCUPATION <u>Cotton mill work</u>		(18) BIRTHPLACE <u>N. D.</u>		
(19) OCCUPATION <u>House</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		
(20) Number of children born to mother, including present birth <u>4</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 6 days at 6 30 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John H. Hill M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Greenville

Given name added from a supplemental report

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

(27) Filed Dec 20 1912 (28) A. H. McRae 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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