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CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
 19200

County of *York*
 Municipality of *York*
 Registration District No. *407* Registered No. *48*
 (For use of Local Registrar)

City of *York* (No. *407* St.; *48* Ward)
 (If born occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child *Paula Laura Wagon*
 (If not named, make supplemental report as directed)

(2) SEX OF CHILD *girl* (3) Twin or Triplet *No* (4) Number in order of birth *1* (5) Age (Month) *6* (Day) *4* (Year) *23*
 To be answered only in case of Twin or Triplet

(6) FATHER
 (10) NAME BEFORE MARRIAGE *Wagon*
 (11) PRESENT POSTOFFICE OF FATHER *York*
 (12) COLOR OR RACE *white* (13) AGE AT LAST BIRTHDAY *30*
 (14) BIRTHPLACE *SC* (15) OCCUPATION *Wagon*
 (16) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated.

(19) (Signature) *Phys* (20) State whether Physician or Midwife *Phys* (21) Address of Physician or Midwife *York*

Give name filed from a supplemental report *L. R. Wagon M.D.*
1923 19 *3* Registrar

(22) Witness *Signature of Witness necessary only when question 22 is signed by mark*
 (23) Filed *July 6, 1923* (24) Local Registrar *Mrs. J. C. White*

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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