

(1) PLACE OF BIRTH

County of GauntburgTownship of Union

or

Inc. Town of

or

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 Health

File No.—For State Registrar Only

65839

Registration District No. 3616 Registered No. 59-

(For use of Local Registrar)

No. 59- Ward

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

(2) Full Name of Child Pat Margilee Sauls(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH June 15-1916

(Name of Month) (Day) (Year)

MAKING SEPARATE REPORT FOR EACH CHILD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. SEE INSTRUCTIONS ON REVERSE OF THIS FORM. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. SEE INSTRUCTIONS ON REVERSE OF THIS FORM.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(32) I hereby certify that I attended the birth of this child, who was alive at 1230 P. M.

(Born alive or stillborn) (Hour A. M. or P. M.)

(33) (Signature) Nancy X. Brown(34) State whether Physician or Midwife: Midwife Address of Physician or Midwife: Cope, S.C.