

(1) PLACE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

43682

County of

Marathon

Township of

Bennettsville

OR

Inc. Town of

Bennettsville

Registration District No.

33A

Registered No.

131

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 10, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Cleve Paul

(9) PRESENT POSTOFFICE OF FATHER Bennettsville SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Richmond Co. NC

(13) OCCUPATION Carpenter

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Prescott

(15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC

(16) COLOR OR RACE Wh. (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Florida

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Douglas Jennings

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician 112 Liberty St

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 11 (28) Mr. J. M. Peto 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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N. M.—In case of TWIN OR TRIPLETS, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, S. C.