

(1) PLACE OF BIRTH

County of HenryTownship of Buckner

Inc. Town of

City of

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

(2) Full Name of Child Hampton Oreal Paul

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 14 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H.O. Paul(9) PRESENT POSTOFFICE OF FATHER Buckner SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Year)(12) BIRTHPLACE Henry(13) OCCUPATION Logging(20) Number of children born to mother, including present birth: 5

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Davis(15) PRESENT POSTOFFICE OF MOTHER Buckner SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Year)(18) BIRTHPLACE Whitesville NC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report:

(26) Witness

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

C. Carmon 1922 Registrar(27) Sept 18 1922 C. Carmon 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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

30705

Registration District No 250.1Registered No. 72

(For use of Local Registrar)