

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of DonaudInc. Town of DonaudCity of Donaud

CERTIFICATE OF BIRTH

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

No. for State Register Only

40869

Registration District No. 23.14Registered No. 130
(For use of Local Registrar)(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same, location of street and number.)(1) Full Name of Child Paula Donnaud Lee Watson
(If name is not yet named, make supplemental report as directed)(2) SEX OR CHILD Girl (3) Date of Birth Dec 27 23
(4) Time or Triplet To be answered only in event of Twin or Triplet (5) Age at Birth 12 (6) Month of Birth 12 (7) Year of Birth 23FATHER. (10) NAME BEFORE MARRIAGE Gladys Balkoun(11) FULL NAME Mrs. Evans (12) PRESENT POSTOFFICE OF FATHER Columbus Ohio(13) COLOR OR RACE White (14) AGE AT LAST BIRTHDAY 36 (15) COLOR OR RACE Black (16) AGE AT LAST BIRTHDAY 20(17) BIRTHPLACE Greenwood (18) BIRTHPLACE Abbeville S.C.(19) OCCUPATION Farmer (20) OCCUPATION housewife(21) Number of children born to mother, including present birth 12 (22) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.)(24) State South Carolina (25) Address of Physician or Midwife Abbeville S.C.(26) Signature [Signature] (27) State South Carolina(28) Witness [Signature] (29) Signature of Witness necessary only when question 23 is signed by mark(30) Date Jan 24 (31) Local Registrar [Signature]

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.