

(1) PLACE OF BIRTH

County of CharlestonTownship of Dunbar Creekor
Inc. Town of

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

29909

Registration District No. 1-2-1-1Registered No. 25
(For use of Local Registrar)

(2) Full Name of Child

Paul L. L. L.

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

-

(5) Number in order of birth

-

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept. 10, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

W. L. L. L.

(9) PRESENT POSTOFFICE OF FATHER

Charleston R

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Williams

(15) PRESENT POSTOFFICE OF MOTHER

Charleston R

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Farmer

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alive... at... 3 P. M....
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Emma L. L.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Charleston

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct. 1, 1922(28) 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.