

County of Albany
Township of Lynn
or
Inc. Town of
or
City of

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

3320

Registration District No. 872. Registered No. 14
(For use of Local Registrar)

City of _____ (No. _____)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Paulsine Welfare ----- { If child is not yet named, make supplemental report as directed

1) BOY OR GIRL <i>girl</i>	2) Twin or Triplet? <i>no</i>	3) Number in order of birth	4) Are Parents Married? <i>yes</i>	5) DATE OF BIRTH <i>Feb 22 1922</i> (Name of Month) (Day) (Year)
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FATHER

8. FULL NAME Fred Neifare

9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.

(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *40*
(Year)

12. BIRTHPLACE _____

13. OCCUPATION
Farmer

20) Number of children born to mother, including present birth { 5 }

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Boyd

(15) PRESENT POSTOFFICE OF MOTHER *Canterbury S. C.*

(16) COLOR OR RACE *Neys* (17) AGE AT LAST BIRTHDAY *28* (Years)

(10) BIRTHPLACE *a a c*

(19) OCCUPATION
House work

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 110 M.
on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)

(23) (Signature) X / *Isabella Lovell*
(24) State whether Physician or Midwife (25) Address of Physic or Midwife

Given name added from a supplemental report

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

(27) Filed Feb. 28 1922 (28) W. S. Wells
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.