

(1) PLACE OF BIRTH

County of Dorchester

Township of

Inc. Town of St. George

City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

17485

Registration District No. 11Registered No. 46
(For use of Local Registrar)

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

(2) Full Name of Child Paul Frederick

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

(3) BOY OR GIRL Male(4) Twin or Triplet ✓
To be answered only in event of Twin or Triplet(5) Number in order of birth 3rd(6) Are Parents Married Yes

(7) DATE OF BIRTH

June 23
(Name of Month) (Day) (Year)(8) FULL NAME Wm. Frederick(9) PRESENT POSTOFFICE OF FATHER St. George S.C.(10) COLOR OR RACE Cal(11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Laborer(14) Number of children born to mother including present birth 3(14) NAME BEFORE MARRIAGE Mrs. Wilham(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE Cal(17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House work(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at St. George S.C., on the date above stated. (Born alive or stillborn) Hour 10 P.M.(23) (Signature) A. S. Deberry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife St. George S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 1 19 23 (28) Mrs. R. P. Douglas Local RegistrarWhen 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. John Henry Jennings Local Registrar

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