

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Marlboro  
 Township of Red Hill  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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

73973

Registration District No. 3307 Registered No. 50  
 (For use of Local Registrar)

(2) Full Name of Child Luther Paussy { 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 Aug. 31 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Sandy Paussy  
 (9) PRESENT POSTOFFICE OF FATHER Blueview  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 36  
(Years)  
 (12) BIRTHPLACE Marlboro  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { 6

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Betsy Wilham  
 (15) PRESENT POSTOFFICE OF MOTHER Blueview  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26  
(Years)  
 (18) BIRTHPLACE Marlboro  
 (19) OCCUPATION Labour  
 (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 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. Paussy W. Watson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Mid Wife | Blueview

Given name added from a supplemental report  
 ..... 191.....  
 .....  
 Registrar

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

(27) Filed Sept 2 1916. (28) R. S. N. offic 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.