

1. PLACE OF BIRTH

County of Greenville
 Town of Greenville

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

Fee \$1.00 - For State Registrar Only

1913

Registration District No. 1

Registered No. 1

2. Full Name of Child

Paula

3. Sex of Child
 (a) Male (b) Female
 (c) Unknown

4. Age of Child
 (a) At Birth (b) At Death

5. Date of Birth

6. Date of Death

FATHER

7. Full Name of Father John W. Anderson

8. Present Postoffice of Father Greenville

9. Color or Race of Father White

10. Occupation of Father Farmer

11. Number of Children born to mother, including present birth 6

MOTHER

12. Name before Marriage Paula

13. Present Postoffice of Mother Greenville

14. Color or Race of Mother White

15. Occupation of Mother Housewife

(16) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(17) I hereby certify that I attended the birth of this child Paula at Greenville on the date above stated.

(18) (Signature) John W. Anderson

(19) State whether Physician

(20) Address of Physician or Midwife Greenville

Given name added from a supplemental report

*When there was no attending physician or midwife, if a child breathes even once, it is a birth.