

(1) PLACE OF BIRTH

County of Cherokee
 Township of Gaudesville
 OF
 Inc. Town of.....
 OF
 City of..... (No. St. Ward))

CERTIFICATE OF BIRTH

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

File No. 13301
 Registered No. 24
 (For use of Local Registrar)

Registration District No. 1002 Registered No. 24
 (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 Sara Paulkins If child is not yet named, make supplemental report as directed

| | | | | |
|---|---|------------------------------|--|---|
| (3) BOY OR GIRL <u>girl</u> | (4) Twin or Triplet? To be answered only in event of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married? <u>no</u> | (7) DATE OF BIRTH <u>Jan. 16, 1923</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Lounsy Paulkins</u> | | | (14) NAME BEFORE MARRIAGE <u>Julia Davis</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Trough</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Wilkinsonville</u> | |
| (10) COLOR OR RACE <u>Colored</u> | | | (17) AGE AT LAST BIRTHDAY <u>19</u> (Year) | |
| (11) AGE AT LAST BIRTHDAY <u>18</u> (Year) | | | (16) BIRTHPLACE <u>Colored</u> | |
| (12) BIRTHPLACE <u>Trough</u> | | | (18) BIRTHPLACE <u>Trough</u> | |
| (13) OCCUPATION <u>Farming</u> | | | (19) OCCUPATION <u>Farming</u> | |
| (20) Number of children born to mother, including present birth <u>1</u> | | | (21) Number of children of this mother now living, including present birth <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... at 12 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State, whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

(26) Witness Wm. D. M. H. H. H.

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

Sam J. Strain 1923
 Registrar

(27) Filed May 10 1923 (28) Sam J. Strain
 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.