

(1) PLACE OF BIRTH

County of YorkTownship of Broad River

Inc. Town of

(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4422

File No.—For State Registrar Only

16274

Registered No. 33
(For use of Local Registrar)(2) Full Name of Child John Daniel Paul
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 26, 1923
(Name of Month) (Day) (Year)FATHER: (8) FULL NAME Richard Raymond Paul (9) PRESENT POSTOFFICE OF FATHER Drayton P.H. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Year) (12) BIRTHPLACE Cherokee Co (13) OCCUPATION FarmersMOTHER: (14) NAME BEFORE MARRIAGE Mary C. Ramsey (15) PRESENT POSTOFFICE OF MOTHER Drayton P.H. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Year) (18) BIRTHPLACE York Co (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 2 (21) 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 13 days old, on the date above stated. (Residence of child) (Hour A. M. or P. M.)(23) (Signature) Mrs. H. Church (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Drayton P.H.(25) Witness (Signature of Witness Necessary only when question 22 is signed by mark) John D. Paul (26) Registrar C. N. Fisher

(27) Full name added from a supplemental report

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.