

WRITE PLAINLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD
 No. 2.—In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH
 County of Anderson
 Township of Union
 Inc. Town of.....
 City of.....
 (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

No. 1a.—For State Registrar
31014

Registration District No. 310 Registered No. 80
 (For use of Local Registrar)

(2) Full Name of Child Paul Hellum
 (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) AGE AT LAST BIRTHDAY <u>3</u>	(5) DATE OF BIRTH <u>Oct 1 1923</u>
FATHER (6) NAME <u>George Hellum</u> (7) RESIDENT ADDRESS <u>Liberty St # 2</u> (8) COLOR <u>Negro</u> (9) AGE AT LAST BIRTHDAY <u>30</u> (10) BIRTHPLACE <u>SO</u> (11) OCCUPATION <u>Farmer</u> (12) Number of children born to mother including present one <u>9</u>		MOTHER (13) NAME <u>Addie Robertson</u> (14) RESIDENT ADDRESS <u>Liberty St # 2</u> (15) COLOR <u>Negro</u> (16) AGE AT LAST BIRTHDAY <u>40</u> (17) BIRTHPLACE <u>??</u> (18) OCCUPATION <u>domestic work</u> (19) Number of children of this mother now living including present one <u>9</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (20) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated.
 (21) (Signature) E. J. Smith
 (22) State whether Physician or Midwife Midwife
 (23) Address of Physician or Midwife Liberty St # 2

Given name above from a supplemental report

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

(25) Filed 11 11 23 (26) H. L. Casey Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.