

(1) PLACE OF BIRTH

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

File No. — For State Registrar Only
35426

County of Richmond
Township of Plantersburg
or
Inc. Town of ..
or
City of ..

Registration District No. 3110 Registered No. 26
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St. Ward)

(2) Full Name of Child James Paul
(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) Age 2 (7) DATE OF BIRTH Oct 25 1927
To be marked only in case of Twin or Triplet (Name) (Month) (Day) (Year)

FATHER (8) FULL NAME W. Claude Paul MOTHER (14) NAME Rachel Mack

(9) PRESENT POSTOFFICE OF FATHER Gaston, SC (15) PRESENT POSTOFFICE OF MOTHER No 9

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (16) COLOR OR RACE neg 10 (17) AGE AT LAST BIRTHDAY 21
(Year) (Year)

(12) BIRTHPLACE Gaston, C. SC (18) BIRTHPLACE No 12

(13) OCCUPATION Farmer (19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed Oct 28 1927 (28) 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.