

Form No. 1

## (1) PLACE OF BIRTH

County of Deane  
 Township of Wagner  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**19620**

Registration District No. 3506 Registered No. 67  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 27, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Guy Houscough  
 (9) PRESENT POSTOFFICE OF FATHER Wallalla S.C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE Deane Co. S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Maud Wyatt  
 (15) PRESENT POSTOFFICE OF MOTHER Wallalla S.C.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Deane Co. S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 3  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) B. S. Sloan  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wallalla S.C.

Given name added from a supplemental report

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

(27) Filed July 10 1922 (28) A. H. Sloan Registrar

\*When there was no attending physician or midwife, when 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
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