

MAINLY RESERVED FOR BUNDLING.
 WITH PLAINLY, WITH UNFOLDING—THIS IS A PERMANENT RECORD
 OF THE BIRTH OF EACH CHILD, AND IS TO BE KEPT IN THE
 OFFICE OF THE REGISTRAR, NO. 1, THE OTHER, NO. 2, IN QUESTION 5.
 RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
 Township of St. P. St. M.
 or
 Inc. Town of.....
 or North Charleston (No. St.; Ward)
 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

File No.—For State Registrar Only

635

Registration District No. 909 Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child Emily Maria Paulson

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 Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 4 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Ernie Knud Paulson</u>			(14) NAME BEFORE MARRIAGE <u>Orthy Victoria Simons</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>North Charleston S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>North Charleston S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Marion Co Wisconsin</u>		(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(13) OCCUPATION <u>Signalman, R.R.</u>		(18) BIRTHPLACE <u>Calhoun S.C.</u>		
(19) OCCUPATION <u>Domestic</u>		(20) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 130 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

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

Given name added from a supplemental report

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

(27) Filed Jan 12 1922 (28) G. T. Myers 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.

Before the fifth month of pregnancy.