

(1) PLACE OF BIRTH

County of Worcester
 Township of Rede
 or Town of PAULPICK
 or City of SE

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

3873

Registration District No. 2018 Registered No. 3
 (For use of Local Registrar)

(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

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married? yes (6) DATE OF BIRTH Jan 13 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Cornish
 (9) PRESENT POSTOFFICE OF FATHER Paulpicks
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
 (12) BIRTHPLACE SE
 (13) OCCUPATION farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Wainwright
 (15) PRESENT POSTOFFICE OF MOTHER Paulpicks SE
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (18) BIRTHPLACE SE
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 1
 (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 born alive at 7:04 M., on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb. 12 1923 (28) John M. D. 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.