

(1) PLACE OF BIRTH

County of Chesler
 Township of Reidsville
 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

10505

Registration District No.

Registered No. 48
(For use of Local Registrar)

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

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

(3) BOY OR GIRL? G. (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Y (7) DATE OF BIRTH 4-3-22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Burnett Beckler(9) PRESENT POSTOFFICE OF FATHER Smiths Co.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Chesler Co.(13) OCCUPATION Farm.(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Guy Claude(15) PRESENT POSTOFFICE OF MOTHER Smiths Co.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Chesler Co.(19) OCCUPATION Dom.(21) Number of children of this mother, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 10 alive at P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) David Lyle (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 5/11/22 at Reidsville 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.

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