

(1) PLACE OF BIRTH
 County of Yamhill
 Township of Hamphersville
 Inc. or Town of
 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
87445

Registration District No. 4001-a Registered No. 127
 (For use of Local Registrar)

(2) Full Name of Child Paul H. Newman Bullington If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? <u>—</u>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 4, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Edward Bullington</u>	(14) NAME BEFORE MARRIAGE <u>Wiley Leachin Steadman</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Landrum, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Landrum, S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Raeburn, S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>43</u> (Years)			
(13) OCCUPATION <u>Mill Operative</u>	(18) BIRTHPLACE <u>Landrum, S.C.</u>			
(19) OCCUPATION <u>Housekeeper</u>	(20) Number of children of this mother now living, including present birth <u>8</u>			
(21) Number of children born to mother, including present birth <u>9</u>	(22) Number of children of this mother now living, including present birth <u>8</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:30 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. G. Schuster, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Landrum, S.C.

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Nov 6, 1916 (28) H. L. Massey 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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