

(1) PLACE OF BIRTH

County of LincolnTownship of BurlingtonCity of Burlington

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

1712

Registration District No. 2500 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Paul

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

(3) SEX OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Quentin Paul(9) NAME BEFORE MARRIAGE Lucas(10) PRESENT POSTOFFICE OF FATHER Lincoln(11) PRESENT POSTOFFICE OF MOTHER Lincoln(12) COLOR OR RACE N(13) COLOR OR RACE N(14) BIRTHPLACE Lincoln(15) BIRTHPLACE Lincoln(16) OCCUPATION Army(17) OCCUPATION Domestic(18) Number of children born to mother, including present birth 1(19) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born live at Lincoln (Hour & M. or P. M.) on the date above stated.(21) (Signature) D. H. Henderson

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife Physician - Lincoln

Given name and address from a newspaper

(24) Witness

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

(25) Filed Feb 10, 1922(26) A. M. Hinson

(27) 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, must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.