

(1) PLACE OF BIRTH

County of KershawTownship of H. Watrousor
Inc. Town ofor
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

64955

Registration District No. 2714 L Registered No. 100

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 5</u> 19 <u>46</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Mose Overard(9) PRESENT POSTOFFICE OF FATHER Beaufort, S. C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 50 (Years)(12) BIRTHPLACE Savannah Co. S. C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 17

MOTHER.

(14) NAME BEFORE MARRIAGE Frances Kibler(15) PRESENT POSTOFFICE OF MOTHER Beaufort, S. C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 72 (Years)(18) BIRTHPLACE Kershaw Co. S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Healy

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Beaufort S. C.

Given name added from a supplemental report

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Registrar

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

(27) Filed June 1946 (28) Mrs. L. L. Perry Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.