

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12180

County of LexingtonTownship of E

or Inc. Town of

or

Registration District No. 3407Registered No. 4

(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 Juliana Pauline

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 3 1922</u> (Name of Month) (Day) (Year)
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## FATHER:

(8) FULL NAME John P. Paulsen(9) PRESENT POSTOFFICE OF FATHER Lexington(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Lexington(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

## MOTHER:

(14) NAME BEFORE MARRIAGE Bertha Taylor(15) PRESENT POSTOFFICE OF MOTHER Lexington(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Lexington(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) T. Penner B. Little(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lexington Rt. 4

Give 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 May 10 1922 (28) H. L. Bankwell 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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