

(1) PLACE OF BIRTH

County of *Williamsburg*
 Township of *21st*
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only

37838

Registration District No. *4501* Registered No. *134*
 (For use of Local Registrar)

City of (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 *Luigi Paul* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy* (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married *No* (7) DATE OF BIRTH *Nov 6 23*
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME *Paul Sam*
 (9) PRESENT POSTOFFICE OF FATHER *Georgetown S.C.*
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *43*
 (12) BIRTHPLACE *S.C.*
 (13) OCCUPATION *Farmer*

MOTHER
 (14) NAME BEFORE MARRIAGE *Luigia Paul*
 (15) PRESENT POSTOFFICE OF MOTHER *Georgetown S.C.*
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *15*
 (18) BIRTHPLACE *S.C.*
 (19) OCCUPATION *Cowman Father*

(20) Number of children born to mother, including present birth *1*

(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *Luigia Paul*

(24) State whether Physician or Midwife

Midwife(25) Address of Physician or Midwife *Georgetown S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) File

Nov 6 23

(28) 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.