

## (1) PLACE OF BIRTH

County of Lee  
 Township of Lynchburg  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 41400

Registration District No. 342 Registered No. 161  
 (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 Attila Cameron Pavel (If child is not yet named, make supplemental report as directed)

(a) SEX OR CHILD Girl (b) Type or Trade Is in general not a kind of Trade or Profession (c) Number in order of birth 1 (d) Is born Yes (e) DATE OF BIRTH Dec. 20, 1923 (Name of Month) (Day) (Year)

**FATHER.**  
 (14) FULL NAME Orvin Pavel  
 (15) PRESENT RESIDENCE OF FATHER Elliot St.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Year)  
 (18) BIRTHPLACE Lee Co. S. C.  
 (19) OCCUPATION Farmer work  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (21) NAME BEFORE MARRIAGE Nora Williams  
 (22) PRESENT RESIDENCE OF MOTHER Elliot St.  
 (23) COLOR OR RACE Negro (24) AGE AT LAST BIRTHDAY 20 (Year)  
 (25) BIRTHPLACE Lee Co. S. C.  
 (26) OCCUPATION Farmer work  
 (27) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(28) I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) (Year A. M. or P. M.)  
 on the date above stated.

(29) (Signature) Carrie M. Wilson  
 (30) State whether Physician or Midwife Midwife (31) Address of Physician or Midwife Elliot St.

Given name added from a supplemental report

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

(33) Filed 1/2 1924 (34) J. F. McIntosh Local Registrar

When there was no attending physician or midwife, then the father, household, etc., should make this return. If a child dies before even born, 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. USE SEPARATE BLANK FOR EACH CHILD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. IN CASE OF FIRST-BORN, No. 1. THIS OTHER, No. 2, etc. IN CASE OF SECOND-BORN, No. 3, etc.