

## (1) PLACE OF BIRTH

County of Horry  
 Township of Myrtle Beach  
 or  
 Inc. Town of Myrtle Beach

## CERTIFICATE OF BIRTH

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

No. for State Registrar Only

40935

Registration District No. 343 Registered No. 86  
 (For use of Local Registrar)  
 City of Myrtle Beach (No. 1 St. 1 Ward 1)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Paul (3) Sex Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 1 year 1 month 1 day (7) Date of birth 1 / 1 / 19  
 To be answered only in event of Twin or Triplet (No. of Month) (Day) (Year)

FATHER  
 (8) Full Name Paul Burns  
 (9) Present Postoffice of Father Myrtle Beach  
 (10) Color or Race W (11) Age at last birthday 33 (Year)  
 (12) Birthplace S.C.  
 (13) Occupation Farmer  
 (14) Number of children born to mother, including present birth Three

MOTHER  
 (14) Name of Mother Leila Sanders  
 (15) Present Postoffice of Mother Myrtle Beach  
 (16) Color or Race W (17) Age at last birthday 24 (Year)  
 (18) Birthplace S.C.  
 (19) Occupation House Work  
 (20) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.) 4:00 M.  
 on the date above stated.

(22) (Signature)

(23) Date

(24) Name of Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mother)

(27) Place

(28) Date

(29) Local Registrar

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