

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. 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.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Florence  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 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

34329

Registration District No. 20-A Registered No. 348  
 (For use of Local Registrar)

(2) Full Name of Child Mary Irene Paxton

child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? Twin (5) Number in order of birth 22 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9-17-22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME W. V. Paxton  
 (9) PRESENT POSTOFFICE OF FATHER Florence  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36  
 (Year)  
 (12) BIRTHPLACE Darlington Co.  
 (13) OCCUPATION Electrical Merchant  
 (20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Katherine McJagger  
 (15) PRESENT POSTOFFICE OF MOTHER Florence  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34  
 (Year)  
 (18) BIRTHPLACE Florence County  
 (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 St. P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. H. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11-1-22 (28) T. H. Brigham  
 Registrar 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.