

## (1) PLACE OF BIRTH

County of Bawell  
 Township of Alleudole  
 Inc. Town of Alleudole Registration District No. 500  
 City of Alleudole (No. 500)  
 (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  
**63140**

Registered No. 67  
 (For use of Local Registrar)

(2) Full Name of Child Paul Erwin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>Is to be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 22</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Paul Erwin</u>			(14) NAME BEFORE MARRIAGE <u>Paul Moore</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Alleudole 26</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Alleudole 26</u>	
(10) COLOR OR RACE <u>Mulato</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Mulato</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>A.C.</u>		(18) BIRTHPLACE <u>A.C.</u>		
(13) OCCUPATION <u>Business Mason</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F.H. Boyd M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Alleudole 26

Given name added from a supplemental report

..... 191 .....

Registrar

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

(27) June 22 1916 (28) F.H. Boyd M.D. 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.

FORM NO. 1  
 MARGIN RESERVED FOR BINDING.  
 WRITES 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.  
 McCaw, of Columbia