

MARGIN RESERVED FOR BINDING.

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.

State of Columbia

McCa

(1) PLACE OF BIRTH

County of HarlingtonTownship of Long Creek

Inc. Town of

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

46017

Registration District No. 1511 Registered No.

(For use of Local Registrar)

2) Full Name of Child Lucy F. Pauley { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? no(7) DATE OF BIRTH Jan. 14 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Curly Luman(9) PRESENT POSTOFFICE OF FATHER Harlington, P.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Harlington Co(13) OCCUPATION Lumber labor(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Idamay Pauley(15) PRESENT POSTOFFICE OF MOTHER Harlington, P.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Harlington Co(19) OCCUPATION Servant(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 alive at 5:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucy F. Pauley(24) State whether Physician or Midwife (25) Address of Physician or Midwife (Mother) Midwife Harlington P.

Given name added from a supplemental report

(26) Witness P. E. L.

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

(27) Filed Jan 20 1916

(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.

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