

(1) PLACE OF BIRTH

County of Laurens
 Township of Mt. Zion
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St.; _____ Ward)

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

10688

Registration District No. 1312 Registered No. 7
 (For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 11, 1922
 To be answered only in event of Twins or Triplets (Specify Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Thomas Francis</u>	(14) NAME BEFORE MARRIAGE <u>Ruler Herrick</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Wilson S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wilson S.C.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Laurens S.C.</u>	(18) OCCUPATION <u>Farmer</u>	(19) BIRTHPLACE <u>S.C.</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>9</u>	(22) Number of children of this mother now living, including present birth <u>9</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(24) (Signature) Edmund S. Quibb (25) Address of Physician or Midwife Blacksburg S.C.

Given name added from a supplemental report _____ (26) Witness M.H. Quibb (Signature of Witness necessary only when question 23 is signed by mark) _____
 _____ (27) Filed Jan 9, 1922 (28) M.H. Quibb 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.