

## (1) PLACE OF BIRTH

County of Berkely  
 Township of 1st N. 1st E.  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

No. 12 - For State Register Only  
 2900

Registration District No. 762 Registered No. 6  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Female (4) Type or Figure No (5) Number in order of birth No (6) DATE OF BIRTH Feb 2, 1923  
 To be covered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME John Brown  
 (9) PRESENT POSTOFFICE OF FATHER  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 35 (Year)  
 (12) BIRTHPLACE  
 (13) OCCUPATION  
 (14) Number of children born to mother, including present birth 12

MOTHER.  
 (14) NAME BEFORE MARRIAGE Rebecca Pauley  
 (15) PRESENT POSTOFFICE OF MOTHER Mincks Corner  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25 (Year)  
 (18) BIRTHPLACE  
 (19) OCCUPATION Labors  
 (21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Alice Smith  
 (24) State whether—Physician or Midwife (25) Address of Physician or Midwife Sumner St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 8, 1923 (28) N. C. McEwen

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 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is needed at birth before the fifth month of pregnancy.