

(1) PLACE OF BIRTH

County of CalhounTownship of Paulina

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

63297

Registration District No. 802Registered No. 15

(For use of Local Registrar)

(2) Full Name of Child Milla May Focus

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

To be answered only in event of twins or triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

June 17 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Christian Focus

(9) PRESENT POSTOFFICE OF FATHER

St. Matthews

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Alfreda Paulding

(15) PRESENT POSTOFFICE OF MOTHER

St. Matthews

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Housewife

(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 St. Matthews on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edith Johnson

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

St. Matthews

Given name added from a supplemental report

191...

Registrar

(26) Witness

A. R. Robb

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

(27) Filed June 23 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.

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.

M. Caw. of Columbia.