

(1) PLACE OF BIRTH

County of OrangeburgTownship of Orange

or Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18740

Registration District No 361.3 Registered No. 61.....
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Albert J. Pauling If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 16, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Albert Pauling(9) PRESENT POSTOFFICE OF FATHER Orangeburg(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Year)(12) BIRTHPLACE Orangeburg, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Victory Comings(15) PRESENT POSTOFFICE OF MOTHER Orangeburg(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Year)(18) BIRTHPLACE Orangeburg, S.C.(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 at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James L. Brown(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Orangeburg, S.C.

Given name added from a supplemental report

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

(27) Filed June 18, 1923 (28) James L. Brown 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.