

(1) PLACE OF BIRTH

County of YorkTownship of YorkInc. Town of YorkCity of York

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3800

Registration District No. 44-a Registered No. 55

(For use of Local Registrar)

(2) Full Name of Child

Pauline Marie

If child is not yet named, make supplemental report as directed later.

(3) SEX OR

Child

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE Nov 12 8

BIRTH (Name of Month) (Day) (Year)

Ward

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

(14) AGE AT LAST BIRTHDAY

(Years)

MOTHER.

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(M., or P. M.)

When name added from a supplemental report

(25) Witness

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

(26) Filed Nov 14 1923

(27) 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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