

WHILE FATHER, WITH UNPAID TAX—THIS IS A PERMANENT RECORD.

WHIT N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Yamhill
Township of Yamhill

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
46357

Inc. Town of or
City of Yamhill (No. R 7 10)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2209 Registered No. 6
(For use of Local Registrar)

(2) Full Name of Child Paul Bundell } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? no (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 1 1916
To be answered only in event of Twins or Triplets (Line of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Bundell

(9) PRESENT POSTOFFICE OF FATHER Yamhill St

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Yamhill Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Edith Snow

(15) PRESENT POSTOFFICE OF MOTHER Yamhill 1278

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Edith, at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo. T. Walker (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Yamhill S.C.

Given name added from a supplemental report
....., 191.....
Registrar

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

(27) Filed Jan 11 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.

Registrar | Local Registrar

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