

Form No. 1

(1) PLACE OF BIRTH

County of Ocean
 Township of Ingleside
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

177

Registration District No. 350

Registered No. 22
 (For use of Local Registrar)

(2) Full Name of Child

Paul David
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Feb 16 1923
 (Name (Month) (Day) (Year))

FATHER

(8) FULL NAME

Paul David

(9) PRESENT POSTOFFICE OF FATHER

Madison & Cherry

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 28
 (Year)

(12) BIRTHPLACE

Ocean Co. - S.C.

(13) OCCUPATION

Farmer

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

3

MOTHER

(14) NAME BEFORE MARRIAGE

Levir Long

(15) PRESENT POSTOFFICE OF MOTHER

Madison & Cherry

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 25
 (Year)

(18) BIRTHPLACE

Ocean Co. - S.C.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 129 (M.,
 on the date above stated. (Born alive or stillborn? Mark A, M, or P. ())

(23) (Signature)

Madison & Cherry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Madison & Cherry

(Given name added from a supplemental report)

(26) Witness

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

(27) Local Registrar

1923

*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.