

PLACE OF BIRTH

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. 44063

County of York

Township of Spring Hill

City of Spring Hill

Registration District No. 3-2-6

Registered No. 1  
(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.)

(1) Full Name of Child Pauline Marie If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD Female (3) TIME OF BIRTH 12:12 (4) DAY OF BIRTH 12 (5) MONTH OF BIRTH 12 (6) YEAR OF BIRTH 1912

FATHER  
(7) FULL NAME Pauline Marie  
(8) PRESENT POSTOFFICE OF FATHER Candler SC  
(9) COLOR OR RACE W (10) AGE AT LAST BIRTHDAY 44  
(11) BIRTHPLACE SC  
(12) OCCUPATION Farmer  
(13) Number of children born to mother, including present birth 12

MOTHER  
(14) FULL NAME Theresa  
(15) PRESENT POSTOFFICE OF MOTHER Candler SC  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 43  
(18) BIRTHPLACE SC  
(19) OCCUPATION at home  
(20) Number of children of this mother now living, including present birth 8

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) 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 P. M. or P. M.)

(22) (Signature) Pauline Marie  
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Spring Hill SC

Given name added from a supplemental report

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

(26) Pauline Marie (27) Pauline Marie

\*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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