

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

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

McCaw, of Columbia.

W. N. 1

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

File No.—For State Registrar Only
50379

County of Spartanburg
 Township of
 Inc. Town of
 City of Spartanburg, S. C.
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 40-a Registered No. 33
 (For use of Local Registrar)

(2) Full Name of Child. Paul Lawrence Perry { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 29 1944
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Henry Perry</u>	(14) NAME BEFORE MARRIAGE <u>Carrie Orma</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Spartanburg, S. C.</u>	(16) COLOR OR RACE <u>White</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg, S. C.</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(18) BIRTHPLACE <u>Spartanburg, S. C.</u>	(19) OCCUPATION <u>House Keeper</u>
(10) COLOR OR RACE <u>Black</u>	(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>	
(11) AGE AT LAST BIRTHDAY (Years)			
(12) BIRTHPLACE <u>Spartanburg, S. C.</u>			
(13) OCCUPATION <u>Merchant</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at Hour 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. H. H.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S. C.

Given name added from a supplemental report

..... 191.....
Self Registrar

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

(27) Filed Jan 30 1944 (28) Geo C. Oakes Local Registrar

*When there was no attending physician or midwife, then the father, household, 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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