

THIS IS A PERMANENT RECORD.
 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		20071	
Township of		Bureau of Vital Statistics		Registered No. <u>263</u>	
OR		State Board of Health		(For use of Local Registrar)	
Inc. Town of		Registration District No. <u>40-A</u>		St.; Ward)	
OR		(No. <u>Williams</u>		St.; Ward)	
City of		(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	
(2) Full Name of Child <u>Pauline</u>					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>MAY 13, 1922</u>	
FATHER			MOTHER		
(8) FULL NAME <u>W. B. Painter</u>			(14) NAME BEFORE MARRIAGE <u>Grace Tarwater</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>		
(10) COLOR OR RACE <u>N</u>			(16) COLOR OR RACE <u>N</u>		
(11) AGE AT LAST BIRTHDAY <u>31</u>			(17) AGE AT LAST BIRTHDAY <u>22</u>		
(12) BIRTHPLACE <u>Jaffrey, S.C.</u>			(18) BIRTHPLACE <u>Freemore Co., S.C.</u>		
(13) OCCUPATION <u>Adv. Rep. News Paper</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7 A.M.</u> on the date above stated.					
(23) (Signature) <u>W. J. Crow, M.D.</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Charleston, S.C.</u>					
Given name added from a supplemental report			(26) Witness		
.....			(Signature of Witness necessary only when question 23 is signed by mark)		
.....			(27) Filed <u>7-15-22</u> Local Registrar		
*When there was no attending physician or midwife, then the father, householder, etc., should make his 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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