FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18382

(1) PLACE OF BIRTH

County of Calhoun

Township of Pine Grove

or
Inc. Town of Lone Star SC Registration District No. 850 Registered No. 67
(For use of Local Reistrar)

or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Gueil Osel Pauling If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	No	3	Yes	June 19, 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Elliot Pauling	(14) NAME BEFORE MARRIAGE	Lula Brantley
(9) PRESENT POSTOFFICE OF FATHER	Parlors SC	(15) PRESENT POSTOFFICE OF MOTHER	Parlors SC
(10) COLOR OR RACE	Mulatto	(16) COLOR OR RACE	
(11) AGE AT LAST BIRTHDAY (Years)	22	(17) AGE AT LAST BIRTHDAY (Years)	18
(12) BIRTHPLACE	Parlors SC	(18) BIRTHPLACE	Parlors SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	3	(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 alive (Born alive or stillborn) at 9.30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Maggie Taylor

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Parlors SC

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness Mrs. J. L. Stoudemire
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 25 1915 (28) J. L. Stoudemire 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.

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 5.

McCaw, of Columbia