

(1) PLACE OF BIRTH

County of Calhoun
 Township of Cawlan
 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

6694

Registration District No. 801Registered No. 24
(For use of Local Registrar)

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

(2) Full Name of Child Paul C. Speake If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No To be answered only in event of Twins or Triplets(5) Number in order of birth 1 (6) Are Parents Married? Yes(7) DATE OF BIRTH Mar 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Speake(9) PRESENT POSTOFFICE OF FATHER St. Matthews(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Stark(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm hand(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Murray & Wilson (25) Address of Physician or Midwife

(24) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness M. J. Wize
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 8 1922 (28) J. H. Murphy 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.

Given name added from
 a supplementary report _____
 (Date of) _____
 State Registrar

Address _____
 Filed March 16 1922 W. F. Keller
 Local Registrar