

(1) PLACE OF BIRTH  
County of Marlboro  
Township of Hebron  
or  
Inc. Town of .....  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**78300**

Registration District No. 3304 Registered No. 175  
(For use of Local Registrar)  
St.; ..... Ward)  
(No. ....)

(2) Full Name of Child ..... 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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH 9/15/16  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Andrew Calhoun  
(9) PRESENT POSTOFFICE OF FATHER McColl, S.C.  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 36  
(Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Lilly Gibson  
(15) PRESENT POSTOFFICE OF MOTHER McColl, S.C.  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 33  
(Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth { ..... Seven ..... (21) Number of children of this mother now living, including present birth { ..... Seven .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:15AM ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. H. Wordley (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 30 1916 (28) W. H. Wordley 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.

FORM NO. 1  
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.