

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 6.

Record of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of A. S. Beville  
Township of Dragnach  
Inc. Town of .....  
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

12559

Registration District No. 10.2 Registered No. 48  
(For use of Local Registrar)

(2) Full Name of Child William Calhoun If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 9, 1923  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME .....  
(9) PRESENT POSTOFFICE OF FATHER .....  
(10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY ..... (Years)  
(12) BIRTHPLACE .....  
(13) OCCUPATION .....  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Lucie Calhoun  
(15) PRESENT POSTOFFICE OF MOTHER Calhoun Falls, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE A. Beville Co.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edna Green  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Calhoun Falls, S.C.

(Give name added from a supplemental report)  
.....  
19  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed May 17, 1923 (28) H. L. Hopper 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.