

(1) PLACE OF BIRTH

County of Greenwood
Township of Callison
or
Inc. Town of
orCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No. For State Registrar Only
64623Registration District No. 1302Registered No. 21
(For use of Local Registrar)(2) Full Name of Child Melba Lagroom St.; Ward)

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 1
To be answered only in event of twins or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH June 2 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hartwell Lagroom(9) PRESENT POSTOFFICE OF FATHER Callison S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Edgefield Co. S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Dancy(15) PRESENT POSTOFFICE OF MOTHER Callison S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Edgefield Co. S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 o'clock A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Haskin(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Callison S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 9 1916

(28)

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.

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