

(1) PLACE OF BIRTH
County of Calleton
Township of Oberlin
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
3540

Registration District No. 1409 Registered No. 4
(For use of Local Registrar)

(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 Donald Addison If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 27, 23
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Virgil D Ackerman
(9) PRESENT POSTOFFICE OF FATHER Holly Hill, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Mechanic

MOTHER.

(14) NAME BEFORE MARRIAGE Leppie Addison
(15) PRESENT POSTOFFICE OF MOTHER Holly Hill, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2

(21) 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 at 11 P. M.,
on the date above stated. (From stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emil Williams MD
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Calleton

Given name added from a supplement-
tal report

11/14/23
J. H. Woodward MD
Registrar

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

(27) John W. Caplan 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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