

Form No. 1.

(1) PLACE OF BIRTH

County of Union
Township of Union

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

44858

Inc. Town of Registration District No. 42-A Registered No. 140
or (For use of Local Registrar)
City of Union (No. 44 Henrietta St.; 2 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Caligh M. C. Coullough If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Oct 15 1911
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Caligh M. C. Coullough

(9) PRESENT POSTOFFICE OF FATHER Union

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Cherokee County

(13) OCCUPATION Bottling works.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Roseana Lipsey

(15) PRESENT POSTOFFICE OF MOTHER Union

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Union County

(19) OCCUPATION Dress-making

(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 at
(both alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Amanda M. Beck

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
28 Hamlet Ave

Given name added from a supplemental report

(26) Witness Hensietta Lipsey & Husband
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 12 1911 (28) J. G. Jarratt 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.

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 5.

McCaw of Columbia