

Form No. 1

## (1) PLACE OF BIRTH

County of BarnbergTownship of Midway

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

88394

Registration District No. 403 Registered No. 52

(For use of Local Registrar)

(2) Full Name of Child Calvin Taramuk

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes(7) DATE OF BIRTH Dec 3, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

George Taramuk

(9) PRESENT POSTOFFICE OF FATHER

Barnberg

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

35 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Grimes

(15) PRESENT POSTOFFICE OF MOTHER

Barnberg

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

28 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm hand

(20) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive (at 7 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Jessie Odum

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeEhrhardt

Given name added from a supplemental report

191...

Registrar

(26) Witness

Jessie McMillan

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

(27) Filed Dec 15, 1916(28) R. F. Mcmillan

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.

McGraw-Hill, Inc. In cases of twins or triplets use a separate line for each child, and answer the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.