

(1) PLACE OF BIRTH
County of Charleston S.C.
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
41222

Inc. Town of or
City of Charleston S.C. Registration District No. 9 A Registered No. 1862
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. Mercy Maternity Hosp.; St.; Ward)

(2) Full Name of Child John Winters Califf Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 17th 1909
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Winters Califf
(9) PRESENT POSTOFFICE OF FATHER 101 meeting St. Charleston S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Dennisville S.C.

(13) OCCUPATION Book keeper

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

MOTHER.

(15) NAME BEFORE MARRIAGE Caroline Ottalie Sellers

(16) PRESENT POSTOFFICE OF MOTHER 101 meeting St. Charleston S.C.

(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 34 (Years)

(19) BIRTHPLACE Charleston S.C.

(20) OCCUPATION Wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12:20 A.M. (Hour A.M. or P.M.)
on the date above stated. (Born alive or stillborn)

(23) (Signature) M. W. Saunders
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 201-3, 1st Bank Bldg

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 12/29/09 191..... (28) J. Mercer Green 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.

Registrar.