CERTIFICATE OF BIRTH

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

File No.— For State Registrar Only
2988

(1) PLACE OF BIRTH
County of Anderson
Township of Belton
or
Inc. Town of.....
or
City of .....
Registration District No. 3.0.0 Registered No. 10
(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 Coranna Calvert
(If child is not yet named, make supplemental report as directed)

(3) ~~SON OR~~ GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		Yes	Feb 4 1922 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	Walter Calvert	(14) NAME BEFORE MARRIAGE	Leora Marshall
(9) PRESENT POSTOFFICE OF FATHER	Belton S C	(15) PRESENT POSTOFFICE OF MOTHER	Belton S C
(10) COLOR OR RACE	negro	(16) COLOR OR RACE	negro
(11) AGE AT LAST BIRTHDAY	30 (Years)	(17) AGE AT LAST BIRTHDAY	30 (Years)
(12) BIRTHPLACE	Abbeville Co SC	(18) BIRTHPLACE	Abbeville Co SC
(13) OCCUPATION	farmer	(19) OCCUPATION	Hsf
(20) Number of children born to mother, including present birth	7	(21) Number of children of this mother now living, including present birth	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Osmond Mayer
(24) State whether Physician or Midwife Md
(25) Address of Physician or Midwife Belton S.C.

Given name added from a supplemental report

..... 19 .....
Registrar.

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

(27) Filed Feb 10 19 22 (28) Mrs J T Acker
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes or lives, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE LINE FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE SECOND, No. 2, etc., in question 6.

Secure Certificate, Columbia, S. C.

WHITE PAPER ONLY WITH INFRARED INK FOR PERMANENT RECORDS.