

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Donalds

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Fuller, Ray Calhoun 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 Sept-27-1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Timothy Calhoun(9) PRESENT POSTOFFICE OF FATHER Donalds(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Abbeville County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Yvonne Jones(15) PRESENT POSTOFFICE OF MOTHER Donalds(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Abbeville County(19) OCCUPATION House wife(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 Alison at 12 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eleanora Taylor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Donalds

Given name added from a supplemental report

(26) Witness L H
(Signature of Witness necessary only when question 23 is signed by mark)(27) Signed Oct-5-1923 (28) Abbeville, S. C. 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.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. See FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.