

(1) PLACE OF BIRTH

County of MarlboroTownship of Hebron

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

15958

Registration District No. 3374Registered No. 78

(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 Poland M. E. Cal

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH May 29, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter M. E. Cal(9) PRESENT POSTOFFICE OF FATHER Dunbar S. C.(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE S. C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Grosland(15) PRESENT POSTOFFICE OF MOTHER Dunbar S. C.(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 18

(Years)

(18) BIRTHPLACE S. C.(19) OCCUPATION Labourer(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alice at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Alice M. E. Cal

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) May 26, 22 (28) W. H. Woodley

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.