

(1) NAME OF BIRTH

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

File No.—For State Registrar Only

7107

County of Monroe

Township of .....

or  
Inc. Town of Chapman

or  
City of .....

Registration District No. 1007

Registered No. 14  
(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 Calvin Regent If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 30, 1928  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Henry Regent  
(9) PRESENT POSTOFFICE OF FATHER Chapman, S.C.  
(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 26  
(12) BIRTHPLACE Monroe Co S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 4

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mrs. M. J. Regent  
(15) PRESENT POSTOFFICE OF MOTHER Chapman, S.C.  
(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 26  
(18) BIRTHPLACE Monroe Co S.C.  
(19) OCCUPATION Farmer  
(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 4.2 at 7.30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Monroe S.C.

Given name added from a supplemental report

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

(27) Filed 7108 1928 Local Registrar

If 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.

before the fifth month of pregnancy

RECEIVED BY COLUMBIA, COLUMBIA, S. C. 1 THE OTHER, No. 2, etc., in question 5