

(1) PLACE OF BIRTH

County of Calhoun
 Township of Calhoun
 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

9497

Registration District No. 501 Registered No. 27
 (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

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

(3) SEX OR
 GROWTH Girl (4) Type
 or Triplet To be answered only in event of Twins or Triplets
 (5) Age
 Parents
 Married 10 (6) DATE OF
 BIRTH Feb. 9, 1923
 (Name of Month) (Day) (Year)

FATHER.

(7) FULL
 NAME Bub. James
 (8) PRESENT
 POSTOFFICE
 OF FATHER James
 (9) COLOR
 OR
 RACE C.R. 10 (10) AGE AT LAST
 BIRTHDAY 23
 (Years)
 (11) BIRTHPLACE S.C.
 (12) OCCUPATION Ham hand
 (13) Number of children born to
 mother, including present birth 1

MOTHER.

(14) NAME BEFORE
 MARRIAGE Mamie Hart
 (15) PRESENT
 POSTOFFICE
 OF MOTHER James
 (16) COLOR
 OR
 RACE White (17) AGE AT LAST
 BIRTHDAY 19
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Ham hand
 (20) Number of children of this mother
 now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 10 P.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) C. J. Jones

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-
 al report

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

(26) Filed May 7, 1923 (27) S. J. Jones
 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.