

WRITE PLAINLY. WHEN EMPLOYING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Gaffney

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
88872

Registration District No. 100

Registered No. 166
(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. Clarence Callahan

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Single (5) Number in order of birth 1
To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes (7) DATE OF BIRTH: Dec 1, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Callahan

(9) PRESENT POSTOFFICE OF FATHER Gaffney

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE Yorkville S.C.

(13) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Annie B. Callahan

(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE Yorkville S.C.

(19) OCCUPATION Black Smitting

(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 thin, at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. J. Harris M.D.

(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) Filed 145 1916 (28) W. J. Smith
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.