Form No. 1

(1) PLACE OF BIRTH

County of [illegible]

Township of [illegible]

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
26795

Registration District No. 105 Registered No. 54
(For use of Local Registrar)

(2) Full Name of Child Infant Unnamed

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? no | (7) DATE OF BIRTH Sept 15 1923 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME	(14) NAME BEFORE MARRIAGE Sintha Calhoun
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER Donalds
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY ..... (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE Abbeville County
(13) OCCUPATION	(19) OCCUPATION [illegible]
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W A Carlton M D

(24) State whether Physician or Midwife Physician | (25) Address of Physician or Midwife Donalds

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Sept 20 1923 (28) [illegible]
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.

[illegible] OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, [illegible] FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.