

(1) PLACE OF BIRTH

County of CalhounTownship of Calhoun

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 31972Registration District No. S.W. 21 Registered No. 116
(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 Elizabeth Sidron If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov. 14, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Stirling Sidron(9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 20
(Year)(12) BIRTHPLACE Calhoun Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Maddie Shivers(15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19
(Year)(18) BIRTHPLACE Calhoun Co(19) OCCUPATION Housewife(20) 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 Born alive at 10 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary McLeod(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report

(26) Witness W. J. Keller
(Signature of Witness necessary only when question 22 is signed by mark)(27) Signed Nov. 14, 1923 W. J. Keller
Registrar Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.