

(1) PLACE OF BIRTH

County of Calhoun
Township of Caw Caw
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
88639

Registration District No. 801 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

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 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 15, 1918
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. L. Crider
(9) PRESENT POSTOFFICE OF FATHER Thammar
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45
(Years)
(12) BIRTHPLACE Calhoun
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Shigener
(15) PRESENT POSTOFFICE OF MOTHER Thammar
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Years)
(18) BIRTHPLACE Calhoun
(19) OCCUPATION House work

(20) Number of children born to mother, including present birth Seven (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. L. Crider
(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 Dec. 16, 1918 (28) J. H. Humpal
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.