

## (1) PLACE OF BIRTH

County of LaurensTownship of Hurstonor  
Inc. Town of Clintonor  
City of Clinton

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

(2) Full Name of Child Gerald Calhoun SuberFile No.—For State Registrar Only  
**19246**Registration District No. 29 B Registered No. 55

(For use of Local Registrar)

(No. 87 N. Quimb St.; 2 Ward)

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

3. BOY OR GIRL? <u>Boy</u>	4. Twin or Triplet? <u>✓</u> To be answered only in event of Twins or Triplets	5. Number in order of birth <u>2</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>June 27</u> , 19 <u>22</u> (Name of Month (Day) (Year))
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## FATHER.

8. FULL NAME James E. Suber

9. PRESENT POSTOFFICE OF FATHER Clinton, S.C.

10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

12. BIRTHPLACE Lexington, S.C.

13. OCCUPATION Baker

20. Number of children born to mother, including present birth 1 Quinn

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Lucile Demmitt

(15) PRESENT POSTOFFICE OF MOTHER Clinton, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Prosperity, S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 Quinn

## 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. (Hour A. M. or P. M.)(23) (Signature) J. L. Bailey(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Clinton, S.C.

Given name added from a supplemental report

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

(27) Filed July 3, 1922 (28) J. L. Bailey 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.

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N. E.—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 6.

MCCAW &amp; CO., COLUMBIA, S. C.