

REGARDING OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		24443	
Township of <u>Smith</u>		Bureau of Vital Statistics			
OR		State Board of Health			
Inc. Town of		Registration District No. <u>110</u>		Registered No. <u>10</u>	
OR				(For use of Local Registrar)	
City of		(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 <u>Garnett Calhoun</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Aug 2, 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Daymon Calhoun</u>			(14) NAME BEFORE MARRIAGE <u>Hattie Arnold</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Verdery S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Verdery S.C.</u>		
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY	(18) BIRTHPLACE <u>Abbeville</u>	
(12) BIRTHPLACE	(13) OCCUPATION	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Annie J. J. J.</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>Abbeville</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by maker)		
19 Registrar			(27) Filed <u>Aug 10 22</u> (28) <u>R. B. Jones</u> 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.					