

(1) PLACE OF BIRTH

County of York

Township of

or

Inc. Town of

or

City of Rock Hill

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

(2) Full Name of Child Lottie Boyd Calhoun

File No.—For State Registrar Only

20484

Registration District No. 7-7-B Registered No. 115
(For use of Local Registrar)

(No. St.; Ward)

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

(3) ~~Boy or~~
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH 6/3 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMER. M. Calhoun(9) PRESENT
POSTOFFICE
OF FATHERRock Hill S. C.(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY30
(Years)

(12) BIRTHPLACE

Greenwood S. C.

(13) OCCUPATION

Druggist(20) Number of children born to
mother, including present birth13

MOTHER.

(14) NAME BEFORE
MARRIAGEBlanche Boyd(15) PRESENT
POSTOFFICE
OF MOTHERRock Hill S. C.(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY35
(Years)

(18) BIRTHPLACE

Concord N. C.

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

(22) I hereby certify that I attended the birth of this child, who was born at 4 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. Simpson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement
report

(26) Witness

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

(27) Filed

7/10/22

(28)

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.

Only

(r)

Ward)

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