(1) PLACE OF BIRTH

County of Laurens

Township of Laurens

or

Inc. Town of ..... Registration District No. 2914

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

35246

Registered No. 125

(For use of Local Registrar)

(2) Full Name of Child. Calvin Henry Dennon

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
boy	(To be answered only in case of twin or triplet)	—	Yes	Sept. 3 22 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: Grover Dennon	(14) NAME BEFORE MARRIAGE: Pearl Kipp
(9) PRESENT POSTOFFICE OF FATHER: Watts Mills	(15) PRESENT POSTOFFICE OF MOTHER: Watts Mills
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 38 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 38 (Years)
(12) BIRTHPLACE: Laurens Co	(18) BIRTHPLACE: Laurens Co
(13) OCCUPATION: Mill Operative	(19) OCCUPATION: Operative
(20) Number of children born to mother, including present birth: 5	(21) Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 a M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Dan. R. Walker

(24) State ~~Whether~~ Physician or Midwife

(25) Address of Physician or Midwife: Laurens S.C.

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness .....

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

(27) Filed Oct. 10 22 191.... (28) L. E. Bishop 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.

Registrar ..... 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.

FIRST-BORN, No. 1; THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.