

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

63307

## (1) PLACE OF BIRTH

County of Calhoun  
Township of Law Lawor  
Inc. Town of .....  
or  
City of .....Registration District No. 801 Registered No. 56  
(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? Yes (5) Number in order of birth 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6  
(Date of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Davie(9) PRESENT POSTOFFICE OF FATHER Jamison(10) COLOR OR RACE Wagon (11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Storm hand(20) Number of children born to mother, including present birth Eight

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula Biggsman(15) PRESENT POSTOFFICE OF MOTHER Jamison(16) COLOR OR RACE Wagon (17) AGE AT LAST BIRTHDAY 35  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Storm hand(21) Number of children of this mother now living, including present birth Seven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John Davie

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191....

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Registrar(26) Witness J. V. Murphy  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 7, 1914 (28) J. H. Murphy  
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.

N. B.—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 5.

McCaw, of Columbia.

THIS IS A PERMANENT RECORD.