

Form No. 1.

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

County of .....

Bureau of Vital Statistics

Township of .....

State Board of Health

or  
Inc. Town of .....

Registration District No. 3204

Registered No. 28

(For use of Local Registrar)

or  
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 Cole L. Huggins

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet? no

(5) Number in order of birth 1

(6) Are Parents Married? no

(7) DATE OF BIRTH June 6, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Calder

(9) PRESENT POSTOFFICE OF FATHER Latta RFD#3

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Marion Co

(13) OCCUPATION Blacksmith

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Noth Huggins

(15) PRESENT POSTOFFICE OF MOTHER Latta RFD#3

(16) COLOR OR RACE colored

(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE Marion Co

(19) OCCUPATION Housewife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) George L. Calder

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

Given name added from a supplemental report

(26) Witness Willie Stackhouse

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

(27) Filed June 6, 1916

(28) J. P. Stackhouse

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.

MARGIN RESERVED FOR INDEXING.  
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia