

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. H.—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.

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Abbeville
 OF
 Inc. Town of
 OR
 City of

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

File No.—For State Registrar Only
62761

Registration District No. 100 Registered No. 129
 (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 James Calhoun Jr. } If child is not yet named, make
 supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH June 28, 1916
To be answered only in case of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Calhoun
 (9) PRESENT POSTOFFICE OF FATHER Abbeville Co
 (10) COLOR OR RACE Cel (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE Abbeville Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Seven

MOTHER

(14) NAME BEFORE MARRIAGE Lula Marks
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville Co
 (16) COLOR OR RACE Cel (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Abbeville Co
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:30 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 3, 1916 (28) [Signature] 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.
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