Form No. 1

(1) PLACE OF BIRTH

County of Calhoun

Township of Sandy Run

or

Inc. Town of .....

or

City of .....

(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
63337

Registration District No. 804 Registered No. 21
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Elizebeth English

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

(3) ~~BOY~~ OR GIRL?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married? yes	(7) DATE OF BIRTH June (Name of Month) 13 (Day) 1917 (Year)
		1		

FATHER.

(8) FULL NAME Isaac English

(9) PRESENT POSTOFFICE OF FATHER Gaston S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Lexington S.C.

(13) OCCUPATION Farmhand

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

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Jonson

(15) PRESENT POSTOFFICE OF MOTHER Gaston S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Lexington S.C.

(19) OCCUPATION Fieldwork

(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 Born alive at 10 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann E Vinson M.D.

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gaston S.C.

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

..... Registrar

(26) Witness B. C. Bellinger
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jun 19 1917. (28) J. S. Bellinger 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.

Law of Columbia ... SEPARATE BLANK for each child, and mark the