

THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Calhoun</u>		STATE OF SOUTH CAROLINA		88664	
Township of <u>Six</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>80.2</u>		Registered No. <u>193</u>	
or				(For use of Local Registrar)	
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 <u>Mamie Hagler</u>		If child is not yet named, make supplemental report as directed.			
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Dec 24, 1916</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Crowder Hagler</u>			(14) NAME BEFORE MARRIAGE <u>Josie Chivars</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cameron, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cameron, S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(17) AGE AT LAST BIRTHDAY <u>3.7</u>		
(11) AGE AT LAST BIRTHDAY <u>3.7</u>			(18) AGE AT LAST BIRTHDAY <u>3.6</u>		
(12) BIRTHPLACE <u>Calhoun Co</u>			(19) BIRTHPLACE <u>Calhoun Co</u>		
(13) OCCUPATION <u>Barren Hand</u>			(20) OCCUPATION <u>Barren Hand</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5 A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mary Hagler</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Cameron, S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>Mrs. Keller</u>		
			(Signature of Witness necessary only when question 23 is signed by mark)		
19 <u>Dec 30, 1916</u> Registrar			(27) Filed <u>Dec 30, 1916</u> (28) <u>W. F. Keller</u> 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.					