

## (1) PLACE OF BIRTH

County of AndersonTownship of Brookwayor  
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

71238

Registration District No. 301 Registered No. 64

(For use of Local Registrar)

(2) Full Name of Child. Childs If child is not yet named, make supplemental report as directed(3) ~~BOY~~ OR GIRL? girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Aug. 2, 1916  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Calhoun H. Donald(9) PRESENT POSTOFFICE OF FATHER Catawba S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Anderson Co. S.C.(13) OCCUPATION Mill operative(20) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Leola Irene Childs(15) PRESENT POSTOFFICE OF MOTHER Anderson R. 8(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Elberton Co. S.C. Ga(19) OCCUPATION House servant(21) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. A. Brunt

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

Physician Anderson, S.C.

Given name added from a supplemental report

191...

Registrar

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

(27) Filed Sep. 10, 1916 (28) W. C. Campbell 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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MARGIN RESERVED FOR BINDING

WHEN FILING WITH DEDUPLICATION THIS IS A PRESENTATION OF A SEPARATE REPORT FOR EACH CHILD. IN CASE OF TWINS OR TRIPLETS, A SEPARATE REPORT FOR EACH CHILD IS REQUIRED. IN CASE OF TWINS OR TRIPLETS, A SEPARATE REPORT FOR EACH CHILD IS REQUIRED. IN CASE OF TWINS OR TRIPLETS, A SEPARATE REPORT FOR EACH CHILD IS REQUIRED.

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