

(1) PLACE OF BIRTH

County of Anderson
Township of Brookway
or
Inc. Town of
or
City of (No. St.; Ward)
(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 (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.

MOTHER.

(8) FULL NAME Calhoun H. Donald

(14) NAME BEFORE MARRIAGE Leola Gene Childs

(9) PRESENT POSTOFFICE OF FATHER Catawchee, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Anderson R. 8

(10) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 28 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Anderson Co. S.C.

(18) BIRTHPLACE Elberton Co. S.C. Ga

(11) OCCUPATION Mill operative

(19) OCCUPATION House servant

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

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

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. Pruitt

(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 BINDER & STAMP. WITH DAP-AD-ING USE THIS IS A PRESENTATION. IF IN CASE OF TWINS OR TRIPLETS USE A SEPARATE REPORT FOR EACH CHILD. MISSISSIPPI STATE BOARD OF HEALTH, 1916. MISSISSIPPI STATE BOARD OF HEALTH, 1916.