

(1) PLACE OF BIRTH

County of DillonTownship of Hillsboro

or

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

18402

Registration District No. 1403 Registered No. 97

(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 Imogene Calhoun

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

2

6) Are Parents Married?

yes

7) DATE OF

BIRTH June 1, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

N. Boucher Calhoun

9) PRESENT POSTOFFICE OF FATHER

Fork SC

10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

12
(Years)

12) BIRTHPLACE

SC

13) OCCUPATION

Sales man

14) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Kenneth Huggins

(15) PRESENT POSTOFFICE OF MOTHER

Fork SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

14
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

housewife

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

(23) (Signature)

R. F. Elvington

(24) State whether Physician or Midwife

Mid

(25) Address of Physician or Midwife

Fork SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 11, 1922

(28)

N. H. Seidfield
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.

N. B.—In case of twins or triplets, use a separate card for each child, and mark the first-born No. 1, the other No. 2, etc. in question 5.

MAKING RESERVATION FOR FILING.

WHEN IN A CASE OF TWINS OR TRIPLETS, USE A SEPARATE CARD FOR EACH CHILD, AND MARK THE FIRST-BORN NO. 1, THE OTHER NO. 2, ETC. IN QUESTION 5.

MOBAY OF COLUMBIA, COLUMBIA 9 C