

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the N B—in case of TWINS OR TRIPLETS use 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  
County of Cherokee  
Township of .....  
or  
Inc. Town of Jeffrey  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**37641**

Registration District No. 10A Registered No. 232  
(For use of Local Registrar)

(2) Full Name of Child Calvin Charles Mize  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth: ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 5 1928  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Calvin Mize  
(9) PRESENT POSTOFFICE OF FATHER Jeffrey, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE Charlotte N.C.  
(13) OCCUPATION Cotton mill  
(20) Number of children born to mother, including present birth: 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Mrs. Rosa Stevenson  
(15) PRESENT POSTOFFICE OF MOTHER Jeffrey, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)  
(18) BIRTHPLACE Greenville S.C.  
(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 Born alive at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Rosa Stevenson M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Jeffrey, S.C.

Given name added from a supplemental report .....  
..... 19 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. J. Smith  
(27) Filed Dec 10 1928 (28) 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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