

Form No. 1

(1) PLACE OF BIRTH

County of Calhoun
 Township of Lions
 or
 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

29133

Registration District No. 50.2 Registered No. 100
 (For use of Local Registrar)

(2) Full Name of Child

Georgianna Caulley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

DATE OF

BIRTH

Sept 2, 1922
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

George Caulley

(9) PRESENT POSTOFFICE OF FATHER

Cameron, S.C.

(10) COLOR OR RACE

Wgn

(11) AGE AT LAST BIRTHDAY

29
(Year)

(12) BIRTHPLACE

Callhoun Co

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Georgianna Dech

(15) PRESENT POSTOFFICE OF MOTHER

Cameron, S.C.

(16) COLOR OR RACE

Wgn

(17) AGE AT LAST BIRTHDAY

28
(Year)

(18) BIRTHPLACE

Callhoun Co

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

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Ellenore, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 11, 1922

(28)

W. J. Keller

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.

USE OF THIS FORM FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.