

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

Office of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Calhoun Field
 Township of Calhoun Field
 or
 Inc. Town of

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

File No.—For State Registrar Only

795

Registration District No. 1303 Registered No. 4.....
 (For use of Local Registrar)

(2) Full Name of Child (No. St.; Ward)
 (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? | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH <u>June 23 1922</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>John F. ...</u> | (14) NAME BEFORE MARRIAGE <u>John F. ...</u> | | (15) PRESENT POSTOFFICE OF FATHER <u>Father's ...</u> | |
| (9) PRESENT POSTOFFICE OF FATHER | (16) COLOR OR RACE <u>White</u> | | (17) AGE AT LAST BIRTHDAY <u>30</u> (Years) | |
| (10) COLOR OR RACE | (18) BIRTHPLACE <u>Calhoun Field</u> | | (19) OCCUPATION <u>Farmer</u> | |
| (11) AGE AT LAST BIRTHDAY <u>30</u> (Years) | (20) Number of children born to mother, including present birth <u>1</u> | | (21) Number of children of this mother now living, including present birth <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, born alive at Calhoun Field, S. C.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. J. ...
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Calhoun Field, 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 Feb 7 1923 (28) J. A. Davis 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.

Registrar

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