

(13) PLACE OF BIRTH

County of Anderson

Township of Brown

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.)

(1) Full Name of Child Kathleen Callahan

No. for State Registrar only

12788

Registered No. 29
(For use of Local Registrar)

(St.) (Ward)

If child is not yet named, make supplemental report as directed

2. SEX OR
ONLY girl

(4) Twin
or Triplet

(5) Number in
order of birth

To be answered only in case of Twin or Triplet

(6) Age
Parent
Married yr

(7) DATE OF

BIRTH 5/25/43

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Charles Callahan

(9) PRESENT
RESIDENCE
OF FATHER Anderson #8

(10) COLOR
OR
RACE Caucasian

(11) AGE AT LAST
BIRTHDAY 33
(Years)

(12) BIRTHPLACE
Anderson Co.

(13) OCCUPATION
farmer

(14) Number of children born to
father, including present birth Two

MOTHER.

(15) NAME BEFORE
MARRIAGE Myrdia Fair

(16) PRESENT
RESIDENCE
OF MOTHER Anderson #8

(17) COLOR
OR
RACE Caucasian

(18) AGE AT LAST
BIRTHDAY 28
(Years)

(19) BIRTHPLACE
Anderson Co.

(20) OCCUPATION
Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3:30 P.M.
(Born alive or stillborn) (Time A.M. or P.M.)
on the date above stated.

(23) (Signature) J. C. Whitford M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson #8

Given name added from a supplement-
tal report

(26) Witness

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

J. M. O. 23 (Signature of Local Registrar)

19
Registrar

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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