

Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

70992

(1) PLACE OF BIRTH
County of McCormick
Township of Barren
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.)

Registration District No. 101 Registered No. 53
(For use of Local Registrar)
St.; Ward)
(No. name of same instead of street and number.)

(2) Full Name of Child Mosie Callohem
If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 20 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Dan Callohem</u>			(14) NAME BEFORE MARRIAGE <u>Lizzie Sparks</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>McCormick</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>McCormick</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(18) BIRTHPLACE <u>Abbeville Co</u>	
(12) BIRTHPLACE <u>Abbeville Co</u>			(19) OCCUPATION <u>Farmer</u>	
(13) OCCUPATION <u>Farmer</u>			(20) Number of children of this mother now living, including present birth <u>3</u>	
(21) Number of children born to mother, including present birth <u>4</u>			(22) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Georgia Drisk

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
McCormick, S.C.

Given name added from a supplement-
tal report

191....

Registrar

(26) Witness

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

(27) Filed

Sept 11 1916

(28)

J. B. Dawson
Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

STATE HEALTH OFFICER
BEN F. WYMAN, M.D.

W. L. PRESSLEY, M.D. - DUE WEST
R. W. HANCKEL, M.D. - CHARLESTON
L. D. BOONE, M.D. - AIKEN

E. C. RHODES, COMP. GEN. - COLUMBIA
T. C. CALLISON, ATTY. GEN. - COLUMBIA
RUTH CHAMBERLIN, R.N. - CHARLESTON
WYMAN F. PLATT, PH.G. - CONWAY

W. L. PRESSLEY, M.D. - DUE WEST
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L. D. BOONE, M.D. - AIKEN