

## (1) PLACE OF BIRTH

County of *Florence*Township of *Palmetto*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

No. 10.—For State Registrar Only

40320

Registration District No. *7.01.3* Registered No. *31*  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Sex *Yes* (7) DATE OF BIRTH *Dec 10 1923*  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *Geo. Douglas Calcutt* (14) NAME BEFORE MARRIAGE *Getha Irene Poston*(9) PRESENT POSTOFFICE OF FATHER *Camplite* (15) PRESENT POSTOFFICE OF MOTHER *Camplite*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *26* (18) COLOR OR RACE *White* (19) AGE AT LAST BIRTHDAY *23*  
(Year) (Year)(12) BIRTHPLACE *S.C.* (13) BIRTHPLACE *S.C.*(14) OCCUPATION *Farming* (15) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *2* (21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Born alive or stillborn) (New A. M. or P. M.)(23) (Signature) *Willie Poston* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Camplite, S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *Dec 15 1923* (28) *Willie Poston*

When there was no attending physician or midwife, then the father, householder, etc., should sign the report. If a child breathes even once, it must not be reported as stillborn. No report is desired or accepted before the fifth month of pregnancy.