

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19037

Registration District No.

Registered No.

(For use of Local Registrar)

(No.

St.;

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Marie Esther Lane Callin

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 30, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel Wood Callin

(9) PRESENT POSTOFFICE OF FATHER

Gallivants Ferry S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

Marion County

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Alla Jane Barnhill

(15) PRESENT POSTOFFICE OF MOTHER

Gallivants Ferry S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Gallivants Ferry

(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 on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

J. Roger M. D. Agnar

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 10, 1922

(28)

Yes J. M. Higgins

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

Local Registrar.

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