

(1) PLACE OF BIRTH

County of LawrenceTownship of Lawrenceor
Inc. Town of Goldville

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1-10 State Register City

41324

Registration District No. 2902Registered No. 170
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Calvin Blain Hogan
(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) SEX OR CHILD Boy (4) Type or Figure — (5) Number in order of birth — (6) Age at last birthday — (7) DATE OF BIRTH Dec. 20, 1925
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Blain Hogan (9) PRESENT RESIDENCE OF FATHER Goldville, S.C. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (12) BIRTHPLACE N.C. (13) OCCUPATION Textile (14) FULL NAME Bessie Huggins (15) PRESENT RESIDENCE OF MOTHER Goldville, S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (18) BIRTHPLACE Maricopa, A.R. (19) OCCUPATION Domestic (20) Number of children born to mother, including present birth Four (21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive or stillborn on the date above stated.(23) (Signature) B. H. Henry (24) whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Signed Jan 8, 1926 (28) J. H. Bailey 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.