

(1) PLACE OF BIRTH

County of CalhounTownship of Mc Gowan

City of

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

Registration District No. 1317

9001

Registered No.
(For use of Local Registrar)(2) Full Name of Child Isaac Helton(3) SEX OF CHILD Male (4) TYPE OF BIRTH Normal (5) NUMBER OF CHILDREN BORN TO MOTHER 4 (6) DATE OF BIRTH Feb. 23, 1923

FATHER		MOTHER	
(7) FULL NAME	<u>August Helton</u>	(10) NAME BEFORE MARRIAGE	<u>Carrie Matthew</u>
(8) PRESENT RESIDENCE OF FATHER	<u>Fouston</u>	(11) PRESENT RESIDENCE OF MOTHER	<u>Fouston S.C.</u>
(9) COLOR	<u>Colored</u>	(12) COLOR	<u>Colored</u>
(13) BIRTHPLACE	<u>St Mark</u>	(14) BIRTHPLACE	<u>Mc Gowan</u>
(15) OCCUPATION	<u>Farming</u>	(16) OCCUPATION	
(17) Number of children born to mother, including present birth	<u>4</u>	(18) Number of children of this mother now living, including present birth	<u>4</u>

(19) I hereby certify that I attended the birth of this child, who was ... born alive ... 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(20) (Signature) Tyus Nelson (21) State whether Physician or Midwife (22) Address of Physician or Midwife

Given name added from a supplemental report	(23) Witness <u>August Helton</u> (Signature of Witness necessary only when question 23 is signed by mark)
(24) Registrar	(25) Local Registrar

When there was no attending physician or midwife, when 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.