

WRITE PLAINLY, WITH CAPSULES, IN CASE OF A FETTERED CHILD, AND MARK THE  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

| (1) PLACE OF BIRTH   |                               | CERTIFICATE OF BIRTH   |                                    | File No.—For State Registrar Only   |  |
|--|-------------------------------|--|------------------------------------|---|--|
| COUNTY OF ... <u>Oconee</u> ...  |                               | STATE OF SOUTH CAROLINA  |                                    | 5949  |  |
| TOWNSHIP OF ... <u>Johns</u> ...   |                               | BUREAU OF VITAL STATISTICS   |                                    |   |  |
| INC. TOWN OF ... <u>Chrhards</u> ...   |                               | STATE BOARD OF HEALTH  |                                    |   |  |
| CITY OF ... <u>Chrhards</u> ...  |                               | Registration District No. <u>404</u>   |                                    | Registered No. <u>43</u>  |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  |                               |  |                                    | (For use of Local Registrar)  |  |
| (2) Full Name of Child ... <u>Lucius Robert Calk</u> ...   |                               |  |                                    | If child is not yet named, make supplemental report as directed                     |  |
| (3) BOY OR GIRL <u>Boy</u>   | (4) Twin or Triplet <u>No</u> | (5) Number in order of birth <u>1</u>  | (6) Are Parents Married <u>Yes</u> | (7) DATE OF BIRTH <u>3. 22. 1923</u>  |  |
|  |                               | To be answered only in case of Twin or Triplet   |                                    | (Name of Month) (Day) (Year)  |  |
| (8) FATHER   |                               | (9) MOTHER   |                                    |   |  |
| (10) FULL NAME <u>Henry Thomas Calk Jr</u>   |                               | (14) NAME BEFORE MARRIAGE <u>Mattie Julia Parrott</u>  |                                    |   |  |
| (11) PRESENT POSTOFFICE OF FATHER <u>CHRHARDT, S.C.</u>  |                               | (15) PRESENT POSTOFFICE OF MOTHER <u>CHRHARDT, S.C.</u>  |                                    |   |  |
| (16) COLOR OR RACE <u>White</u>  |                               | (17) AGE AT LAST BIRTHDAY <u>23</u>  |                                    | (18) COLOR OR RACE <u>White</u>   |  |
| (19) BIRTHPLACE <u>Charleston, S.C.</u>  |                               | (20) AGE AT LAST BIRTHDAY <u>21</u>  |                                    | (21) BIRTHPLACE <u>Scranton, Iowena County, S.C.</u>                                |  |
| (22) OCCUPATION <u>Railroad Telegrapher</u>  |                               | (23) OCCUPATION <u>Domestic</u>  |                                    | (24) Number of children of this mother now living, including present birth <u>3</u> |  |
| (25) Number of children born to mother, including present birth <u>3</u>   |                               |  |                                    |   |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  |                               |  |                                    |   |  |
| (26) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>5:20 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) |                               |  |                                    |   |  |
| (27) (Signature) <u>M. J. Funder</u>   |                               | (28) State whether Physician or Midwife <u>Midwife</u>   |                                    | (29) Address of Physician or Midwife <u>...</u>                                     |  |
| (30) Given name added from a supplemental report   |                               | (31) Witness (Signature of Witness necessary only if question 23 is signed by mark) <u>...</u> |                                    |   |  |
| (32) Registrar <u>...</u>  |                               | (33) Filed <u>...</u> (34) Local Registrar <u>...</u>  |                                    |   |  |

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