

## (1) PLACE OF BIRTH

County of Pickens  
 Township of Calhoun  
 or  
 Inc. Town of Calhoun  
 or  
 City of Calhoun

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**2260**

Registration District No. 3200 Registered No. 9  
 (For use of Local Registrar)

City of (if birth occurs in a hospital or other institution, give name of same instead of street and number.) St. \_\_\_\_\_ Ward \_\_\_\_\_

(2) Full Name of Child Joseph Banks If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Age Parents Married? yes (7) DATE OF BIRTH June 14 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Banks  
 (9) PRESENT POSTOFFICE OF FATHER Calhoun S.C.  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 50 (Years)  
 (12) BIRTHPLACE Georgia  
 (13) OCCUPATION Hireman  
 (14) Number of children born to mother, including present birth 17

## MOTHER.

(14) NAME BEFORE MARRIAGE Saura Well  
 (15) PRESENT POSTOFFICE OF MOTHER Calhoun S.C.  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 49 (Years)  
 (18) BIRTHPLACE Georgia  
 (19) OCCUPATION Keep house  
 (20) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at \_\_\_\_\_ (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Maria English  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Calhoun S.C.

Given name added from a supplemental report

(26) Witness Eva Parris  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) File James M. J. Bearden 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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