

1. PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of Clifton
 or
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

44809

Registration District No. 1-1-6 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 Dewey Marshall Cale

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

3. BOY OR GIRL Boy4. Twin or Triplet? 1st5. Number in order of birth 1st6. Are Parents Married? yes

7. DATE OF BIRTH

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME Dewey Buster Cale9. PRESENT POSTOFFICE OF FATHER Clifton, S.C.10. COLOR OR RACE white11. AGE AT LAST BIRTHDAY 24 (Years)12. BIRTHPLACE Cherokee Co.13. OCCUPATION milk operator20. Number of children born to mother, including present birth 1st

MOTHER

14. NAME BEFORE MARRIAGE Odene Mae Stanford15. PRESENT POSTOFFICE OF MOTHER Clifton, S.C.16. COLOR OR RACE white17. AGE AT LAST BIRTHDAY 19 (Years)18. BIRTHPLACE Spartanburg Co.19. OCCUPATION housework21. Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was live at 11:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature A. S. Calhoun

24. State whether Physician or Midwife

25. Address of Physician or Midwife Camden, S.C.

Given name added from a supplemental report

26. Witness

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

27. Filed 12-10-23Mrs. J. F. Parker
Local Registrar19
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.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 5.

L-1000-10-1-23-1