

1) PLACE OF BIRTH  
 County of Anderson  
 Township of      
 or  
 Inc. Town of      
 or  
 City of    

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

File No.—For State Registrar Only  
47923

Registration District No. 3 A Registered No. 45-  
 (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 Francis Calhoun If child is not yet named, make supplemental report as directed

(3)     OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Feb. 4 1911  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME J. A.  
 (9) PRESENT POSTOFFICE OF FATHER J. A.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37 (Years)  
 (12) BIRTHPLACE S. C.  
 (13) OCCUPATION J. A.  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Francis Calhoun  
 (15) PRESENT POSTOFFICE OF MOTHER      
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE      
 (19) OCCUPATION      
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report  
   , 1911  
 Registrar

(26) Witness      
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed     1911 (28) [Signature] 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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FORM NO. 4  
 MARRIAGE RECORDS  
 WITH UNPAID TAXES  
 IN CASE OF TWINS OR TRIPLETS  
 FIRST-BORN, No. 1, THIS OFFICIAL, No. 2, ETC., IN QUESTION 8.  
 McCaw of Columbia