

Form No. 1

(1) PLACE OF BIRTH *York*County of *Calhoun*Township of *Calhoun*or
Inc. Town ofor
City of *Calhoun*

(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

File No.—For State Registrar Only

70902

Registration District No. *4404*Registered No. *107*

(For use of Local Registrar)

St.;

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

(2) Full Name of Child *Bozic M. C. Clanchain*(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet? —

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *June 15* 191*2*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Bozic M. C. Clanchain*(9) PRESENT POSTOFFICE OF FATHER *Calhoun*(10) COLOR OR RACE *Black*(11) AGE AT LAST BIRTHDAY *25* (Years)(12) BIRTHPLACE *Lancaster SC*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *Four*

MOTHER.

(14) NAME BEFORE MARRIAGE *Estelle Cauthers*(15) PRESENT POSTOFFICE OF MOTHER *Calhoun*(16) COLOR OR RACE *Black*(17) AGE AT LAST BIRTHDAY *22* (Years)(18) BIRTHPLACE *Lancaster SC*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *Three*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *June 15* at *12.5* M., on the date above stated. (Born alive or stillborn) (Hour or P. M.)(23) (Signature) *W. C. Clanchain*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *at Calhoun*

Given name added from a supplemental report

191....

Registrar

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

(27) Filed *Aug 11* 191*2*(28) *S. R. Miller* 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.

month month or pregnancy.

N.B.—In case of TWINS, OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

McCauley of Columbia.