

Form No. 1

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Beuchamp  
 Inc. Town of .....  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

5214

Registration District No. 4-1-1Registered No. 12  
(For use of Local Registrar)

City of ..... (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 Marion P. Calvert

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 3, 1923</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>J. P. Calvert</u>			(14) NAME BEFORE MARRIAGE <u>Lucie Nichols</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Marion, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Marion, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>St. C. S.C.</u>			(18) BIRTHPLACE <u>St. C. S.C.</u>	
(13) OCCUPATION <u>Stonewall Oper.</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. J. B. [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Marion, 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 Feb 7, 1923

Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of a pregnancy before the fifth month of pregnancy.

RECEIVED BY CLERK OF THE COURT, COUNTY OF CHARLESTON, SOUTH CAROLINA, THIS 10th DAY OF FEBRUARY, 1923.