

IN CASE OF TWINS OR TRIPLETS, THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH
County of Greenville
Township of _____
or
Inc. Town of _____
or
City of Greenville
(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

Registration District No. 22A
(No. 154 Lawton Ave)

File No.—For State Registrar Only
4282

Registered No. 87
(For use of Local Registrar)

St. _____ Ward _____

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

(3) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb</u> <u>20</u> <u>22</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>J.I. Callahan</u>	(14) NAME BEFORE MARRIAGE <u>Ellie Hardman</u>	(9) PRESENT POSTOFFICE OF FATHER <u>254 Lawton Ave</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>254 Lawton Avenue</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(12) BIRTHPLACE <u>Anderson</u>	(18) BIRTHPLACE <u>Anderson</u>	(13) OCCUPATION <u>Salesman</u>	(19) OCCUPATION <u>Domestic</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>3</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 1:30 or P.M.)

(23) Signature of Physician or Midwife
(24) State of Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report _____

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

(27) Filed Feb 24 1922 by C. Smith
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.

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