

(1) PLACE OF BIRTH

County of *Sumter*

Township of *Providence*

or
Inc. Town of

or
City of

(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

79461

Registration District No. *41A*

Registered No. *78 111*

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet? *one*

(5) Number in order of birth *14*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *June 24 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Halomon Calclough*

(9) PRESENT POSTOFFICE OF FATHER *Dalziel, S.C.*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *48* (Years)

(12) BIRTHPLACE *Sumter Co*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *14*

MOTHER.

(14) NAME BEFORE MARRIAGE *Saphia Atston*

(15) PRESENT POSTOFFICE OF MOTHER *Dalziel, S.C.*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *40* (Years)

(18) BIRTHPLACE *Sumter Co*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9 a* M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) *Calclough*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Dalziel, 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

June 28 1916

(28)

B. M. Dauph

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.