

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.

McGAW OF COLUMBIA, COLUMBIA, D. C.

(1) PLACE OF BIRTH

County of Abbeville  
Township of Long Cane  
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

24425

Registration District No. 107 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 James Calhoun (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? boy 4) Twin Twin or Triplet? No 5) Number in order of birth 1st 6) Are Parents Married? No 7) DATE OF BIRTH Aug 19, 19 22  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Will Eakin  
9) PRESENT POSTOFFICE OF FATHER Hodges P.C.  
10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 40  
(Years)  
12) BIRTHPLACE  
13) OCCUPATION Farming  
14) Number of children born to mother, including present birth 6

MOTHER.

14) NAME BEFORE MARRIAGE Lina Davis  
15) PRESENT POSTOFFICE OF MOTHER Abbeville P.C.  
16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 31  
(Years)  
18) BIRTHPLACE  
19) OCCUPATION Housewife  
20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Eakin

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Wards, P.C.

Given name added from a supplemental report

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

(27) Filed Sept 8, 19 22 (28) E. H. 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.