

WRITE PLAINLY, WITH INK. THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Form No. 10, Columbia, S. C.

(1) PLACE OF BIRTH

County of Rockingham
Township of Rockingham
Inc. Town of Rockingham
City of Rockingham

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8545

Registration District No. 400 Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child Calvin W. Christopher

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 case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 15 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wendell Christopher</u>	(14) NAME BEFORE MARRIAGE <u>Wendell Christopher</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Rockingham, N.C.</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rockingham, N.C.</u>	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>21</u> (Year)	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Year)		(18) BIRTHPLACE <u>Rockingham, N.C.</u>	
(12) BIRTHPLACE <u>Rockingham, N.C.</u>	(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at Rockingham, N.C. on the date above stated. (Born alive or stillborn Hour M. or P. M.)
(23) (Signature) Wendell Christopher
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Rockingham, N.C.

(Given name added from a supplemental report)
James L. Loney
June 14 1923
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 2-26 1923 (28) May 1923 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.

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.