

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY. WITH INK. 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 3.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4425

County of *Lawrence*

Township of *Youngs*

or

Inc. Town of

or

City of

(No. St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *2908*

Registered No. *11*

(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 <i>girl</i>	4) Twin or Triplet? <i>No</i> To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <i>yes</i>	7) DATE OF BIRTH <i>FEB 24 1928</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <i>Eng Aschubald Calvert</i>	14) NAME BEFORE MARRIAGE <i>Clara May Montgomery</i>			
9) PRESENT POSTOFFICE OF FATHER <i>Emory S.C.</i>	15) PRESENT POSTOFFICE OF MOTHER <i>Emory S.C.</i>			
10) COLOR OR RACE <i>white</i>	11) AGE AT LAST BIRTHDAY <i>23</i> (Years)	16) COLOR OR RACE <i>white</i>	17) AGE AT LAST BIRTHDAY <i>21</i> (Years)	
12) BIRTHPLACE <i>Spartanburg Co.</i>	18) BIRTHPLACE <i>Spartanburg Co.</i>			
13) OCCUPATION <i>General Salesman</i>	19) OCCUPATION <i>Domestic</i>			
20) Number of children born to mother, including present birth <i>2</i>	21) Number of children of this mother now living, including present birth <i>2</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7:30 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *C. H. Hanna*

(24) State whether Physician or Midwife *Physician*

(25) Address of Physician or Midwife *Emory S.C.*

Given name added from a supplemental report

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

(27) Filed *3/10 1928* Local Registrar *C. H. Hanna*

19 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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