

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child Joseph Lipscomb Calhoun Jr. 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>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 13, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Joseph Calhoun9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)12) BIRTHPLACE Greenville, S.C.13) OCCUPATION Housewife14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Earl Fennish(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Albany, Ga.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. H. Blobe, M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, 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 8/11/22 19 22 (28) W. A. Williams 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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

26484

Registration District No. 23 Registered No. 116
(For use of Local Registrar)(No. Greenville Hospital St.; Ward)