

## (1) PLACE OF BIRTH

County of

Abbeville

Township of

Magnolia

Inc. Town of

Calhoun Falls

City of

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

Registration District No. 109

Registered No. 66

(For use of Local Registrar)

## (2) Full Name of Child

W. Bailey Jr.

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

X

(5) Number in order of birth

X

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 25, 1916

## FATHER.

(8) FULL NAME

John Wesley Bailey

(9) PRESENT POSTOFFICE OF FATHER

Calhoun Falls S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

47

(12) BIRTHPLACE

Spartanburg Co.

(13) OCCUPATION

Minister

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

XX 13

(14) NAME BEFORE MARRIAGE

Laura Elizabeth Lindsay

(15) PRESENT POSTOFFICE OF MOTHER

Calhoun Falls S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36

(18) BIRTHPLACE

Oconee Co.

(19) OCCUPATION

House wife

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1040 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

L. C. Smith M.D.

(24) State whether Physician or Midwife

Address of Physician or Midwife

Calhoun Falls S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed June 25, 1916

(28) H. C. Vance

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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