

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
City of Anderson

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

37075

Registration District No. 5d Registered No. 424
(For use of Local Registrar)(No. S. Main St St.; Ward)(2) Full Name of Child Miriam Cathrine Calvert If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 11 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Baldy Calvert(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE Spartanburg SC(13) OCCUPATION clerk(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Thompson(15) PRESENT POSTOFFICE OF MOTHER Anderson SC(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE And. Co.(19) OCCUPATION domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M.,
on the date above stated. (Born alive or stillborn: Hour, M. or P. M.)(23) (Signature) Raymond M D

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed (28) F. B. CRAYTON, 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 28th month of pregnancy.

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