

(1) PLACE OF BIRTH

County of CarterTownship of Leicesterville

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 Thomas Lewis Calhoun

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

88994

Registration District No. 110.6Registered No. 172

(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. Calhoun(9) PRESENT POSTOFFICE OF FATHER Rocky Mount(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE A. S.(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Esther Watson(15) PRESENT POSTOFFICE OF MOTHER Rocky Mount(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 7(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ...
on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature) Francis M. C. ...

(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 11-15-16

19

(28)

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.