

Form No. 1

## (1) PLACE OF BIRTH

County of Horry  
 Township of Blacksburg  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.--For State Registrar Only

4250

Registration District No. 2508 Registered No. 27  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Henry Herman Callery If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 25 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John H. Callery  
 (9) PRESENT POSTOFFICE OF FATHER Blacksburg  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE Blacksburg  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE John H. Callery  
 (15) PRESENT POSTOFFICE OF MOTHER Blacksburg  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)  
 (18) BIRTHPLACE Blacksburg  
 (19) OCCUPATION Farmer  
 (20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(22) (Signature) John H. Callery

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Blacksburg

Given name added from a supplemental report

(25) Witness John H. Callery  
 (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed 25 (27) 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.