

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

No. for State Register
31576

(1) PLACE OF BIRTH

County of Anderson
 Township of Belton
 of
 Inc. Town of Belton
 of
 City of Belton

Registration District No. 300

Registered No. 154
 (For use of Local Registrar)

(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 Samuel W. Callahan

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet <u>No</u>	5) Number in order of birth <u>1</u>	6) Sex of Mother <u>Male</u>	7) DATE OF BIRTH <u>11/15/24</u> (Name of Month) (Day) (Year)
FATHER 8) FULL NAME <u>Geo. W. Callahan</u> 9) PRESENT POSTOFFICE OF FATHER <u>Belton SC</u> 10) COLOR OR RACE <u>white</u> 11) AGE AT LAST BIRTHDAY <u>27</u> (Year) 12) BIRTHPLACE <u>Anderson Co.</u> 13) OCCUPATION <u>mill hand</u>			MOTHER 14) NAME BEFORE MARRIAGE <u>Emmie May Hawkins</u> 15) PRESENT POSTOFFICE OF MOTHER <u>Belton SC</u> 16) COLOR OR RACE <u>white</u> 17) AGE AT LAST BIRTHDAY <u>27</u> (Year) 18) BIRTHPLACE <u>Anderson Co.</u> 19) OCCUPATION <u>house wife</u> 20) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.) 4 M.
 on the date above stated.

(22) (Signature) W. R. Haynes M.D.
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Belton SC

Given name added from a supplemental report G. L. Haynes
July 12 1924
 (25) Witness (Signature of Witness necessary only when question 22 is signed by mark) J. S. Ash
 (26) Date Dec 3 1923 (27) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths if a child breathes even once, it must not be reported as stillborn. before the fifth month of pregnancy.

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