FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4747

(1) PLACE OF BIRTH

County of Oconee

Township of Hugaloo

or
Inc. Town of ..... Registration District No. 3505 Registered No. 12
(For use of Local Reistrar)
or
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** Carry Callinn ... If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL?	(4) Twin or Triplet?	(5) Number in order of birth 6	(6) Are Parents Married Yes	(7) DATE OF BIRTH 2, 1, 1915 (Name of Month) (Day) (Year)
	To be answered only in event of Twins or Triplets			

FATHER.	MOTHER.
(8) FULL NAME William Marion Callinn	(14) NAME BEFORE MARRIAGE Roxylena Lee
(9) PRESENT POSTOFFICE OF FATHER Westminster	(15) PRESENT POSTOFFICE OF MOTHER Westminster
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Jacksonville N C	(18) BIRTHPLACE Oconee Co
(13) OCCUPATION Farmer	(19) OCCUPATION House Keeper
(20) Number of children born to mother, including present birth six	(21) Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) X F. F. Preston Midwife

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Westminster 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 2-6 1915 (28) Deal Holder Sub 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia