Form No. 1.

(1) PLACE OF BIRTH

County of Abbeville

Township of Bordeaux

or

Inc. Town of ..... Registration District No. 101 ..... Registered No. 53 .....
(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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
37955

(2) Full Name of Child Mat Lee Calhoun ..... 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) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets		Yes	Nov 14 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Hans Calhoun	(14) NAME BEFORE MARRIAGE
(9) PRESENT POSTOFFICE OF FATHER Millington N. Y. D.	(15) PRESENT POSTOFFICE OF MOTHER Annie Corkey
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE S. C.	(18) BIRTHPLACE S. C.
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1	(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 alive at 9 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rose Calhoun midwife

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

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 Nov 27 1915 (28) J. R. Lawson 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.