FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17852

(1) PLACE OF BIRTH
County of Abbeville
Township of .....
Inc. or Town of .....
City of Abbeville (No. ~~Vicora~~ - Ferry St.; 3rd Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1-A Registered No. 58 (For use of Local Reistrar)

(2) Full Name of Child Catherine 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
Girl	X	X	Yes	June 17, 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME John Calhoun	(14) NAME BEFORE MARRIAGE Lila Frazier
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Abbeville Co	(18) BIRTHPLACE Abbeville Co
(13) OCCUPATION Farmer	(19) OCCUPATION Housework
(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 born alive (Born alive or stillborn) at 12 M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mary X Chiles
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report
....., 191...
..... Registrar

(26) Witness T. G. Perrin
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 18th 1915 (28) T. G. Perrin 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