

(1) PLACE OF BIRTH

County of Pickens
 Township of Easley
 or
 Inc. Town of Easley
 or
 City of Easley

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

11641

Registration District No. 37-aRegistered No. 153
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child John Franklin McCall

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL (4) Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 22, 1923
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Franklin McCall
 (9) PRESENT POSTOFFICE OF FATHER Easley, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
 (12) BIRTHPLACE Transylvania Co., N.C.
 (13) OCCUPATION Textile Worker

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Miller
 (15) PRESENT POSTOFFICE OF MOTHER Easley, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (18) BIRTHPLACE Transylvania Co., N.C.
 (19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at A.M. on the date above stated. (Born alive or stillborn) (M. or P.M.)(23) (Signature) J.C. Pepper M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Easley, S.C. R.H.S.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed in ink)

(27) Filed Mar 23, 1923

(28)

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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.

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