

Form No. 1

(1) PLACE OF BIRTH

County of EffinghamTownship of McMillanOR
Inc. Town ofOR
City of

(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

a No.—For State Registrar Only

55866

Registration District No. 2011 Registered No. 29

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 28</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER

MOTHER

(8) FULL NAME <u>Clinton McCall</u>	(14) NAME BEFORE MARRIAGE <u>Blanch Davis</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Effingham</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Effingham</u>
(10) COLOR OR RACE <u>Black</u> AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u> AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Florence CO</u>	(18) BIRTHPLACE <u>Florence CO</u>
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated.
(Born alive or stillborn). (Hour A. M. or P. M.)(23) (Signature) Anna McCallister

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

MidwifeEffingham

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 5/1 1911 (28) W. H. Cannon 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.

McCallister of Columbia
No. 1. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.