

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and make the
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.

MEGAN, OF COLUMBIA, COLUMBIA, N. C.

(1) PLACE OF BIRTH

County of Union
Township of Buffalo
or
Inc. Town of.....
or
City of Buffalo

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

Registration District No. 4213

File No.—For State Registrar Only
20383

Registered No. 44
(For use of Local Registrar)

(2) Full Name of Child

Mara Callahan

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 24, 1922
(Place of Month) (Day) (Year)

FATHER.
(8) FULL NAME Tam Hill
(9) PRESENT POSTOFFICE OF FATHER Buffalo S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Years)
(12) BIRTHPLACE N.C.
(13) OCCUPATION Cotton Mill Work
(20) Number of children born to mother, including present birth Two

MOTHER.
(14) NAME BEFORE MARRIAGE Pearl Shook
(15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(Years)
(18) BIRTHPLACE Union Co. S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:30 a.m.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mr. Mattie Hill
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Buffalo S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 29, 1922 (28) Jal Woodward
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.