

Form No. 1

## (1) PLACE OF BIRTH

County of O. C. S. C.

Township of .....

or

Inc. Town of Walhalla

or

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

File No.—For State Registrar Only

39526

Registration District No. 3.4.1.0Registered No. 6.6

(For use of Local Registrar)

(2) Full Name of Child John Henry McFall 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> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 28 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Charlie McFall(9) PRESENT POSTOFFICE OF FATHER Walhalla(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Year)(12) BIRTHPLACE O. C. S. C.(13) OCCUPATION Common Labor(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Julia Lee(15) PRESENT POSTOFFICE OF MOTHER Walhalla(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE O. C. S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was John Henry McFall at Walhalla M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia Lee (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Walhalla

Given name added from a supplemental report

(26) Witness John Henry McFall (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 4 1922 (28) Local Registrar John Henry McFall

\*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.

MEDICAL DEPARTMENT, COLUMBIA, S. C.