

WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 PHYSICIAN, No. 1 THIS OFFICE, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Anderson
 Township of Pendleton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3068

Registration District No. 310 Registered No. 8
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alberta McCallough (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 1, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Joe McCallough</u>	(14) NAME BEFORE MARRIAGE <u>Lucy King</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Pendleton, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pendleton, S.C.</u>
(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>46</u>	(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>20</u>
(12) BIRTHPLACE <u>Greenville, Co. S.C.</u>	(18) BIRTHPLACE <u>Anderson, Co. S.C.</u>	(19) OCCUPATION <u>Housewife</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>Seven</u>	(22) Number of children of this mother now living, including present birth <u>Seven</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) Leanna Duckworth (25) State whether Physician or Midwife midwife (26) Address of Physician or Midwife Central R. R. Sta.

Gives name added from a supplemental report: (27) Witness Mar. 10, 1922 (28) N. M. Leawright
 Registrar (Signature of Witness necessary only when question 23 is signed by mother)

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 be reported as a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.