

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No. — For State Registrar Only

52195

County of

Township of

or

Inc. Town of

or

City of

Registration District No.

Registered No.

(For use of Local Registrar)

(No.

St.;

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child

Steve W. McCall Jr.

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

(1) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan. 31, 1916

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

Steve W. McCall Sr.

(14) NAME BEFORE MARRIAGE

Alma E. McCall

(9) PRESENT POSTOFFICE OF FATHER

E. Hughes

(15) PRESENT POSTOFFICE OF MOTHER

E. Hughes

(16) COLOR OR RACE

w

(11) AGE AT LAST BIRTHDAY

34 (Years)

(16) COLOR OR RACE

w

(17) AGE AT LAST BIRTHDAY

28 (Years)

(12) BIRTHPLACE

S. C.

(18) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Dancer

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

2

(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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. P. McCall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Phys.

Fenn.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

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(28)

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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