

1. THE OTHER, No. 2, etc. In question 5.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 5.
 McCall of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Charleston
 Township of Lowville
 or
 Inc. Town of Lowville S.S.
 or
 City of

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

File No.—For State Registrar Only
 18114

Registration District No. 1106 Registered No. 65
 (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>inf</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 22 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>B. J. Orr</u>			(14) NAME BEFORE MARRIAGE <u>Miss Mary</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lowville S.S.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lowville S.S.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Charleston</u>			(18) BIRTHPLACE <u>Charleston</u>	
(13) OCCUPATION <u>Mill Worker</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Lowville M., on the date above stated. (Born alive or stillborn) (Hour 1 or P. M.)

(23) (Signature) J. N. Gaston

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lowville S.S.

Given name added from a supplemental report

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

(27) Filed 6-17-22 (28) J. N. Gaston 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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