

(1) PLACE OF BIRTH

County of Marlboro

Township of

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

31319

Registration District No. 3304Registered No. 135
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)(2) Full Name of Child Mr. named

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
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes

(7) DATE OF BIRTH

Sept 14 22
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER.

Walter Napier McCall

(9) PRESENT POSTOFFICE OF FATHER

McCall S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

40
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

farmer

(14) NAME BEFORE MARRIAGE

MOTHER.

Carrie McSamin

(15) PRESENT POSTOFFICE OF MOTHER

McCall S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

—

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

7

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... at 2 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

John H. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Ch. 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

Oct 7 1922

(28)

W. H. Woodley
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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