

Form No 1.

(1) PLACE OF BIRTH

County of Florence

Township of Effingham

or  
Inc. Town of

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

52158

Registration District No. 2004 Registered No. 11  
(For use of Local Registrar)

(2) Full Name of Child Harriet M. Call { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? Twin (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 14 1912  
(Name of Month) (Day) (Year)

**FATHER.**

**MOTHER.**

(8) FULL NAME Ezra M. Call

(14) NAME BEFORE MARRIAGE Beulah Timmons

(9) PRESENT POSTOFFICE OF FATHER Timmonsville

(15) PRESENT POSTOFFICE OF MOTHER Timmonsville S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Years)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Florence County

(18) BIRTHPLACE Florence County

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 9

(21) Number of children of this mother now living, including present birth 9

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:50 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lelia Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife, Timmonsville 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 March 15 1912 (28) D. C. Keel 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.

MAKING RESERVE FOR BINDING. WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. M.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.