

(1) PLACE OF BIRTH

County of Leflore
 Township of
 or
 Inc. Town of Keokuk
 or
 City of

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

File No.—For State Registrar Only
4885

Registration District No. 25A Registered No. 13
 (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.)

(2) Full Name of Child Daniel Lee McFall If child is not yet named, make supplemental report as directed

(3) 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? yes (7) DATE OF BIRTH Jan. 25, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Lewis McFall

(9) PRESENT POSTOFFICE OF FATHER Gastonia N.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
 (Years)

(12) BIRTHPLACE North Carolina

(13) OCCUPATION Mechanician

(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Murriel Davis

(15) PRESENT POSTOFFICE OF MOTHER Gastonia N.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20
 (Years)

(18) BIRTHPLACE Orangeburg S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. J. Gibson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Keokuk S.C.

Given name added from a supplemental report

M. L. Woodward, M.D.

1922

Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Feb. 28, 1922 (28) A. J. Altman 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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