

Form No. 1

(1) PLACE OF BIRTH

County of Oconee

Township of

or

Inc. Town of Walhalla

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3.1.1

File No.—For State Registrar Only

19576

Registered No. 3.1.1
(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 Rose Nell McCall

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 14, 1922</u> (Month of Month) (Day) (Year)
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FATHER.

8) FULL NAME Thomas M. McCall9) PRESENT POSTOFFICE OF FATHER Walhalla S.C.10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 35
(Years)12) BIRTHPLACE Jackson Co. N.C.13) OCCUPATION Mill hand20) Number of children born to mother, including present birth 57

MOTHER.

14) NAME BEFORE MARRIAGE Elizabeth B. Owen15) PRESENT POSTOFFICE OF MOTHER Walhalla S.C.16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 29
(Years)18) BIRTHPLACE Rabun Co. Ga.19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 7:45 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elizabeth Owen(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Walhalla 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 June 17, 1922 (28) R. M. McCall
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. 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.

MOBAM OF COLUMBIA, COLUMBIA, S. C.