

PLACE OF BIRTH

County of Jefferson  
 Township of Jefferson  
 or  
 City of Jefferson  
 or  
 City of Jefferson

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

Registration District No. 0007 Registered No. 82158  
 (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. ....) (What)

(2) Full Name of Child Elaine M. Cant If child is not yet named, name

(3) SEX Female (4) AGE 47 (5) DATE OF BIRTH Feb 27 1903  
 (6) COLOR White (7) RACE White

**FATHER.**  
 (8) FULL NAME John McCall  
 (9) PRESENT RESIDENCE OF FATHER Microphth  
 (10) COLOR OR RACE White  
 (11) BIRTHPLACE Jefferson  
 (12) OCCUPATION Farmer  
 (13) Number of children born to mother, including present birth 10

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Hattie McCall  
 (15) PRESENT RESIDENCE OF MOTHER Microphth  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33  
 (18) BIRTHPLACE Jefferson  
 (19) OCCUPATION Farmer's Wife  
 (20) Number of children of this mother now living, including present birth 11

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(22) (Signature) Elaine M. Cant  
 (23) State whether Physician or Midwife  
 (24) Address of Physician or Midwife

Given name added from a supplementary report

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

(26) Filed 2200 12 1903 (27) Registrar

When there was no attending physician or midwife, then the father, mother, or other person present at the birth must sign this certificate.

If a child breathes even once, it must not be reported as stillborn.