

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Hallor
Inc. Town ofor
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

48007

Registration District No. 306 Registered No. 26

(For use of Local Registrar)

(2) Full Name of Child Eva McAllister

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 Twin or Triplet

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Eugene McAllister(9) PRESENT POSTOFFICE OF FATHER Law 1204(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Anderson Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Eugenia Woodson(15) PRESENT POSTOFFICE OF MOTHER Law 1204(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Anderson Co(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 alive (Born alive or stillborn) 12:50 P. M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Dr. U. G. Adams

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

Physician Autreville

Given name added from a supplemental report

191.....

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 28 191... (28) S. M. McAdams 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.

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 STATE OF SOUTH CAROLINA