

(1) PLACE OF BIRTH

County of G. Murrell
 Township of Ch. Lawrence
 OF
 Inc. Town of
 OF
 City of

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

No. for State Registrar's Office
4090

Registration District No. 2212 Registered No. 13
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Imogene McCallough If 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 Twin or Triplet	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Feb. 12, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Imogene McCallough</u>			14) NAME BEFORE MARRIAGE <u>Anna Samuels</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Waynesville, N.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Waynesville, N.C.</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY (Years)	16) COLOR OR RACE <u>White</u>		
12) BIRTHPLACE <u>Waynesville, N.C.</u>		17) AGE AT LAST BIRTHDAY (Years) <u>19</u>		
13) OCCUPATION <u>Farmer</u>			18) BIRTHPLACE <u>Waynesville, N.C.</u>	
			19) OCCUPATION <u>at home</u>	
20) Number of children born to mother, including present birth			21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 11:00 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phyllis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Waynesville, N.C.

(If name added from a supplemental report)

(26) Witness

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

(27) Filed Feb. 12, 1923

(28) 204 W. 4th St.

(29) 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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