

(1) PLACE OF BIRTH

County of York

Township of

Inc. Town of

City of Rock Hill, S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar

550-1

Registration District No. 4503 Registered No. 28
(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 Emma Joyce McCallum If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Type of Triplet Yes (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 25 1922
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Fred McCallum
(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 43
(Year)
(12) BIRTHPLACE Iowa
(13) OCCUPATION Teacher
(14) Number of children born to mother, including present birth 7MOTHER.
(14) NAME BEFORE MARRIAGE Lola (Liddle)
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 39
(Year)
(18) BIRTHPLACE U.C.
(19) OCCUPATION House
(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) A. R. B. Blackman(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 3/5/23 (28) James

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is needed of stillborn before the fifth month of pregnancy.