

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 3.

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of Columbia

(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

31936

Registration District No. 384

Registered No. 1729
(For use of Local Registrar)

(2) Full Name of Child Ferna MacCall

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 - (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 28 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Andrew Albert Canale

(9) PRESENT POSTOFFICE OF FATHER 1103 Bryan

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Travelling Salesman

(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Gamhill

(15) PRESENT POSTOFFICE OF MOTHER 1103 Bryan

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Kentucky

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 104 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. L. Bond

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia, S.C.

Given name added from a supplemental report 3-4-74

Chas. L. Bond
Registrar

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

(27) Filed 9-30 19 22 (28) 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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