

Form No. 1

## (1) PLACE OF BIRTH

County of AndersonTownship of Williamston

or

Inc. Town of Pelzer

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38

File No.—For State Registrar Only

20862

Registered No. 89  
(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

(If child is not yet named, make supplemental report as directed)

3 BOY OR GIRL? boy4 Twin or Triplet? -5 Number in order of birth 8  
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH July 20, 1922  
(Name of Month) (Day) (Year)

6 FULL NAME

FATHER.

L. E. McCall

9 PRESENT POSTOFFICE OF FATHER

Pelzer SC

10 COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 41  
(Years)

12 BIRTHPLACE

SC

13 OCCUPATION

will work

20 Number of children born to mother, including present birth

8

(14) NAME BEFORE MARRIAGE

MOTHER.

Lina Mason

(15) PRESENT POSTOFFICE OF MOTHER

Pelzer SC

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 38  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Pelzer SC

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 3, 1922 (28) L. L. Crenshaw 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.