

(1) PLACE OF BIRTH

County of FlamenceTownship of Hammock

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same inst. and 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

85669

Registration District No. 2-016 Registered No. 42

(For use of Local Registrar)

(2) Full Name of Child Senora Catharine McAllister

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Nov 1 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie M. McAllister(9) PRESENT POSTOFFICE OF FATHER Hammock(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Hammock(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Willie O. Turner(15) PRESENT POSTOFFICE OF MOTHER Hammock(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Hammock(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:00 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Katie McAllister

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Hammock

Given name added from a supplemental report

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

(27) Filed Nov 1 1916 (28) J. H. Poo Local Registrar

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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—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.

McCauley, of Columbia.