

## (1) PLACE OF BIRTH

County of FlomiesTownship of HannockOR  
Inc. Town of .....or  
City of .....(No. .... St.; .... Ward)  
(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. 2016 Registered No. 42  
(For use of Local Registrar)(2) Full Name of Child Euora Catherine McAllister } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 1, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Willie O. Turner(15) PRESENT POSTOFFICE OF MOTHER Hannock(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Hannock(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 ..... at ..... M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Katie McAllister  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
HannockGiven name added from a supplemental report  
....., 191.....  
..... Registrar(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
W. H. Pool  
(27) Filled Nov. 1, 1916 (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.