

## (1) PLACE OF BIRTH

County of York  
 Township of King's Mt.  
 or  
 Inc. Town of Claver  
 or  
 City of .....

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**32766**

Registration District No. 4427 Registered No. 89  
 (For use of Local Registrar)

(2) Full Name of Child Jessie Clara M. McCall { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? G (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 4 19122  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME John McCall  
 (9) PRESENT POSTOFFICE OF FATHER Claver Mt  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 47 (Years)  
 (12) BIRTHPLACE York Co. S. C.  
 (13) OCCUPATION Builder  
 (20) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Angie Brooks  
 (15) PRESENT POSTOFFICE OF MOTHER Claver Mt  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE M. C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) M. P. McCall  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed Oct 5 1922 (28) Claver 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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