

McCaW, of Columbia
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
When there is more than one child, use a SEPARATE BLANK for each child, and mark the
CHILD PLACED WITH OTHERS IN A SEPARATE BLANK.

(1) PLACE OF BIRTH
County of Rockingford
Township of Lamor
or
Inc. Town of Lamor
or
City of (No. St.; Ward)
(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
85231

Registration District No. 1504 Registered No. 153
(For use of Local Registrar)

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

| | | | | |
|--|---|---------------------------------------|---|---|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Oct 20</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small> |
| FATHER | | | MOTHER | |
| (8) FULL NAME <u>Herbert McCallum</u> | | | (14) NAME BEFORE MARRIAGE | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Lamor R 4</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Lamor S^c R 4</u> | |
| (10) COLOR OR RACE <u>Negro</u> | | | (16) COLOR OR RACE <u>Negro</u> | |
| (11) AGE AT LAST BIRTHDAY <u>23</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>21</u> (Years) | |
| (12) BIRTHPLACE <u>Nor Lamor</u> | | | (18) BIRTHPLACE <u>Nor Lamor S^c</u> | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>Domestic</u> | |
| (20) Number of children born to mother, including present birth { <u>1</u> | | | (21) Number of children of this mother now living, including present birth { <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 11 P M., on the date above stated. (If stillborn, state so.) (Hour A. M. or P. M.)

(23) (Signature) S. J. Porter

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report 191....

Registrar

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

(27) Filed Dec 9 1916 (28) S. J. Porter 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.

Registrar _____ Local Registrar _____

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