

FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Spokane
Township of Bushy
or
Inc. 'Aown of.....
or
(City of.....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

37801

Registration District No. 405 Registered No. 169
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Boyd McFall

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

3. BOY OR GIRL Boy 4. Twin or Triplet 1 5. Number in order of birth 2 6. Are Parents Married yes 7. DATE OF BIRTH Sept 22 1923
(Month of Month) (Day) (Year)

FATHER.

8. FULL NAME Major McFall
9. PRESENT POST OFFICE OF FATHER En. an se
10. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 21 (Years)
12. BIRTHPLACE Sc
13. OCCUPATION Farmer
14. Number of children born to mother, including present birth 2

MOTHER.

14. NAME BEFORE MARRIAGE D L solistie
15. PRESENT POST OFFICE OF MOTHER En. an se
16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 19 (Years)
18. BIRTHPLACE Sc
19. OCCUPATION Housewife
20. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife En. an se

Given name added from a supplemental report

(26) Witness (Signature of Witness) [Signature] when question 23 is answered "No."
(27) Filed Nov 15 23 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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