

BEFORE OF COLUMBIA, S. C. FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson
 Township of Asheville
 or
 Inc. Town of
 or
 City of

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

(2) Full Name of Child

S. A. McColl

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Sept 22 1921
(Name) (Month) (Day) (Year)

(8) FULL NAME

FATHER Floyd McColl

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

19
(Year)

(12) BIRTHPLACE

Anderson Co

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1

(14) NAME BEFORE MARRIAGE

MOTHER

Mert Gambrell

(15) PRESENT POSTOFFICE OF MOTHER

Anderson S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

15
(Year)

(18) BIRTHPLACE

Anderson Co

(19) OCCUPATION

Domestic

(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 at 5 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

447

(23) (Signature)

Mary Rice

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Anderson

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 20 1921

(28)

J. M. Vandiver
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.