

Form No. 1

(1) PLACE OF BIRTH

County of *Murphy*

Township of *Red Bank*

Inc. Town of *McCall*

City of *McCall*

CERTIFICATE OF BIRTH

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

Registration District No. *3305*

File No. - For State Registrar Only

1621

Registered No. *26*
(For use of Local Registrar)

(2) Full Name of Child

Mercurius Stanton

3. SEX OF CHILD
Male

4. Twin or Triplet
No

5. Number in order of birth
To be answered only in event of Twin or Triplet

6. Are Parents Married
Yes

7. DATE OF BIRTH
Feb 13, 1923
(Name of Month) (Day) (Year)

FATHER

8. FULL NAME
Luther Stanton

9. PRESENT POSTOFFICE OF FATHER
McCall S.C.

10. COLOR OR RACE
White

(11) AGE AT LAST BIRTHDAY
29
(Year)

12. BIRTHPLACE
Marion Co S.C.

13. OCCUPATION
Iron Mill Work

20. Number of children born to mother, including present birth
3

MOTHER

14. NAME BEFORE MARRIAGE
Marque McLamars

15. PRESENT POSTOFFICE OF MOTHER
McCall S.C.

16. COLOR OR RACE
White

(17) AGE AT LAST BIRTHDAY
31
(Year)

18. BIRTHPLACE
Macon Co S.C.

19. OCCUPATION
Domestic

21. 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 *born alive or stillborn* at *McCall S.C.* on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *Dr. J. H. H. H.*

(24) State whether Physician or Midwife
Physician

(25) Address of Physician or Midwife
McCall S.C.

(26) Give name added from a supplementary report

(27) Witness

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

(28) Filed *Feb 20, 1923*

(29) *H. H. H.* Local Registrar

When there was no physician or midwife, then the father, householder, etc., should make this return if a child born or even stillborn, and it should be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

WRITE PLAINLY. WHEN SIGNING INSTRUMENT IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1 TIME UTTERED, No. 2, etc., in question 2. State of Columbia, Columbia S.C.