

(1) PLACE OF BIRTH

County of Anderson
 Township of Honea Pata

or
 Inc. Town of
 or

City of (No. SL; 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

48010

Registration District No. 307 Registered No. 20
 (For use of Local Registrar)

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

(3) BOY Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parent Married? Yes (7) DATE Feb 1916
 GIRL Female Is he married only in event of Twins or Triplets BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Floyd Magnus
 (9) PRESENT POSTOFFICE OF FATHER Honea Pata S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Anderson Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Angie Lou Knight
 (15) PRESENT POSTOFFICE OF MOTHER Honea Pata S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Abbeville Co
 (19) OCCUPATION Farming
 (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 White at 1:10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John W. Williams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Chapel Hill Honea Pata S.C.

Given name added from a supplemental report

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

(27) Filed Feb 1916 (28) J. A. Williams 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.

MARGIN RESERVED FOR INDEXING.
 WHEN PLACED, WITH UNFOLDING THIS IS A PERMANENT RECORD.
 M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.
 McCaw of Columbia