

## (1) PLACE OF BIRTH

County of Chester  
 Township of Boonville  
 or  
 Inc. Town 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

3641

Registration District No. 11.02 Registered No. 26  
 (For use of Local Registrar)

ST:.....Ward)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 2-19-22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jno H McCollough  
 (9) PRESENT POSTOFFICE OF FATHER Richburg SC  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28  
 (12) BIRTHPLACE Fairfield Co. S.C.  
 (13) OCCUPATION Farming

## MOTHEIL.

(14) NAME BEFORE MARRIAGE Ida Mable  
 (15) PRESENT POSTOFFICE OF MOTHER Richburg SC  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29  
 (18) BIRTHPLACE Fairfield Co. S.C.  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth Seven (21) Number of children of this mother now living, including present birth Seven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jamie Caldwell  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness.....  
 (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filled 3/6-1922 (28) J. T. Varnum 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.