

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
City of(No. 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 Jessie Ruth McCallan If child is not yet named, make supplemental report as directed

3) Boy or Girl?	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>July 14, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Harvey McCallan(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Anderson Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Sella Keesler(15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(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 23 is signed)(27) Filed 8-10-22 (28) ANDERSON, S.C.
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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