

FORM NO. 8
 MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 5.
 McCall, of Columbia

(1) PLACE OF BIRTH
 County of *Murwill*
 Township of *Murwill*
 or
 Inc. Town of Registration District No. *2209* Registered No. *526*
 or
 City of *Putout in Murwill Johnson Row* (For use of Local Registrar)
 (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
85809

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i> <small>To be assigned only in case of twins or triplets</small>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>10 10 1916</i> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <i>James J. By</i>			(14) NAME BEFORE MARRIAGE <i>Beatrice Corraney</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Mehoffers Store</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Home</i>	
(10) COLOR OR RACE <i>col</i>	(16) AGE AT LAST BIRTHDAY <i>22</i> <small>(Years)</small>	(11) COLOR OR RACE <i>col</i>	(17) AGE AT LAST BIRTHDAY <i>19</i> <small>(Years)</small>	(12) BIRTHPLACE <i>S.C.</i>
(13) OCCUPATION <i>Labourer</i>	(18) BIRTHPLACE <i>S.C.</i>	(19) OCCUPATION <i>Wash woman</i>	(20) Number of children born to mother, including present birth <i>2</i>	(21) Number of children of this mother now living, including present birth <i>1</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *3 PM* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Signature]*

(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Greenfield*

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
Nov 13 1916 (27) Filed _____ (28) *A J Mackey* 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.

K O D A K S . A F F