

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

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STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

86673

County of *Marion*Township of *Rock Hill*Inc. Town of *M^cCall*

City of

Registration District No. *3305*Registered No. *34*

(For use of Local Registrar)

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

(2) Full Name of Child *Mary Johnson M^cCall*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *3* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Oct. 7, 1916*
 To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *John Archibald M^cCall*(14) NAME BEFORE MARRIAGE *Louise Faust*(9) PRESENT POSTOFFICE OF FATHER *M^cCall St.*(15) PRESENT POSTOFFICE OF MOTHER *M^cCall St.*(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *37* (Years)(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *34* (Years)(12) BIRTHPLACE *Marion Co. S.C.*(18) BIRTHPLACE *Edgfield Co. S.C.*(13) OCCUPATION *Pepper Planter*(19) OCCUPATION *Domestic*(20) Number of children born to mother, including present birth *3*(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *9:17 P.M.* on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)(23) (Signature) *John M^cCall*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *M^cCall St.*

Given name added from a supplemental report

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

(27) Filed *Dec. 10, 1916* (28) *Julius Covington* 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.

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 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.