

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 1.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>York</u>				STATE OF SOUTH CAROLINA		4938	
Township of <u>Clinton</u>				Bureau of Vital Statistics			
Inc. Town of				State Board of Health			
City of				Registration District No. <u>3700</u>		Registered No. <u>27</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)						(For use of Local Registrar)	
(2) Full Name of Child <u>David Isaac McCall</u>				If child is not yet named, make supplemental report as directed			
(3) SEX OF CHILD <u>Boy</u>	(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>Feb. 24, 23</u> (Name of Month) (Day) (Year)			
FATHER.				MOTHER.			
(8) FULL NAME <u>Frank H. McCall</u>				(10) NAME BEFORE MARRIAGE <u>Ellie Cobb</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Central S.C.</u>				(11) PRESENT POSTOFFICE OF MOTHER <u>Central S.C.</u>			
(12) COLOR OR RACE <u>White</u>		(13) AGE AT LAST BIRTHDAY <u>29</u> (Years)		(14) COLOR OR RACE <u>White</u>		(15) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(16) BIRTHPLACE <u>N.C.</u>				(17) BIRTHPLACE <u>S.C.</u>			
(18) OCCUPATION <u>Laborer</u>				(19) OCCUPATION <u>House work</u>			
(20) Number of children born to mother, including present birth <u>4</u>				(21) Number of children of this mother now living, including present birth <u>4</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>147</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)							
(23) (Signature) <u>J. D. Bearden</u>				(24) Address of Physician or Midwife <u>Central S.C.</u>			
(25) State whether Physician or Midwife <u>Midwife</u>				(26) Address of Physician or Midwife <u>Central S.C.</u>			
Given name added from a supplemental report <u>L. Darby</u> <u>May 2</u> 19 <u>23</u> Registrar				(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>J. D. Bearden</u> 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.