

Form No. 2.
WHILE 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.
McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Orleansburg
Township of Sevier
or
Inc. Town of
or
City of (No. 1000 Callahan 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. Francis McCalister Jr. } If child is not yet named, make supplemental report as directed

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
44984

(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 Dec 1 1911
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Francis McCalister</u>	(14) NAME BEFORE MARRIAGE <u>Carrie Burgess</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Lake City SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lake City SC</u>
(10) COLOR OR RACE <u>Brown</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Lake City SC</u>	(18) BIRTHPLACE <u>Lake City SC</u>	(19) OCCUPATION <u>Farmer</u>	(20) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born live 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 or Midwife

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. A. Fitch
(27) Filed 29 Dec 1911 (28) W. A. Fitch 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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