

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Spartanburg

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

(2) Full Name of Child Jack McCall

(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 May 7, 1883
 (Name of Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|--|--|---|---|
| (8) FULL NAME <u>John Edwin McCall</u> | (14) NAME BEFORE MARRIAGE <u>Manji Taylor</u> | (15) PRESENT POSTOFFICE OF FATHER <u>Greenville</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u> |
| (10) COLOR OR RACE <u>W.</u> | (11) AGE AT LAST BIRTHDAY <u>40</u> (Years) | (16) COLOR OR RACE <u>W.</u> | (17) AGE AT LAST BIRTHDAY <u>26</u> (Years) |
| (12) BIRTHPLACE <u>S.C.</u> | (18) BIRTHPLACE <u>W.C.</u> | (19) OCCUPATION <u>Teacher</u> | (21) Number of children of this mother now living, including present birth <u>8</u> |
| (13) OCCUPATION <u>Teacher</u> | (20) Number of children born to mother, 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 born alive at Spartanburg, S. C. (Born alive or stillborn) (Hour, M. or P. M.)
on the date above stated.(23) (Signature) J. P. Taylor(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife W.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 7, 1883 (28) Local Registrar

*When there was no attending physician or midwife, the mother, or other person, should make this return. If a child breathes even once, it is considered as stillborn. No report is desired of stillbirths before the full month of pregnancy.

File No.—For State Registrar Only

18835

Registered No. 187
(For use of Local Registrar)

St.; (Ward)

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

WHILE PLAINLY, WITH UNENDING PAIN—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, COLUMBIA, S. C.