

(1) PLACE OF BIRTH

County of Summit
 Township of Summit
 or
 Inc. Town of Summit
 or
 City of Summit

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

File No.—For State Registrar Only
26417

Registration District No. 20910 Registered No. 271
 (For use of Local Registrar)

(No. 271 St. 7th Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Fred. Warren McCall If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 7 19 20
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME F. W. McCall
 (9) PRESENT POSTOFFICE OF FATHER Beaverduck Mill
 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE N. C.
 (13) OCCUPATION Tool and Mechanic
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Taylor
 (15) PRESENT POSTOFFICE OF MOTHER Beaverduck Mill
 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 38 (Years)
 (18) BIRTHPLACE N. C.
 (19) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was live at 2:30 P. M., 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 [Address]

Given name added from a supplemental report

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

(27) Filed Reg. 19 20 (28) [Signature] 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.

Before the fifth month of pregnancy.