

## (1) PLACE OF BIRTH

County of Marion S.C.  
 Township of Marion S.C.  
 OR  
 Inc. Town of Marion S.C.  
 OR  
 City of Marion S.C. (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

65304

Registration District No. 32a Registered No. 54  
 (For use of Local Registrar)  
 (2) Full Name of Child John William McCall ... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are plus Parents Married? (7) DATE OF BIRTH June 17, 1916  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John McCall</u>	(14) NAME BEFORE MARRIAGE <u>Maguro Carvens</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Marion S.C.</u>	(16) COLOR OR RACE <u>Colored</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Marion S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(10) COLOR OR RACE <u>Colored</u>	(18) BIRTHPLACE <u>Marion S.C.</u>
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(19) OCCUPATION <u>house work</u>	(12) BIRTHPLACE <u>Flavor College N.C.</u>	(20) Number of children of this mother now living, including present birth <u>6 children</u>
(13) OCCUPATION <u>Lebor work</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at a.m. 5 o'clock M., (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) midwife Mary Daniles  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife | Marion S.C.

Given name added from a supplemental report

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

(27) Filed June 20, 1916 (28) Arthur R. Gray  
 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.

MARGIN RESERVED FOR BINDING. WRITE 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 8.

McCaw, of Columbia.