

(1) PLACE OF BIRTH

County of Marion S.C.Township of Marion S.C.Inc. Town of Marion S.C.City of Marion S.C.

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

(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 yes Parents Married? (7) DATE OF BIRTH June 17, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John McCall(9) PRESENT POSTOFFICE OF FATHER Marion S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Flour College N.C.(13) OCCUPATION Leban Work(20) Number of children born to mother, including present birth 10 children

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Evans(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Marion S.C.(19) OCCUPATION house work(21) Number of children of this mother now living, including present birth 6 children

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 Daniels(24) State whether Physician or Midwife (25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

191....

Registrar

(26) Witness Mamie Dargan (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 20, 1916 (28) John R. Gay 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.

McCall, of Columbia.

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)

St.; Ward)