

(1) PLACE OF BIRTH

County of StershawTownship of Hat Rock

Inc. Town of

City of

(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

64937

Registration District No. 2702Registered No. 62

(For use of Local Registrar)

(2) Full Name of Child

Carney McCallas

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 21 1916

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER Francis McCallas

(9) PRESENT POSTOFFICE OF FATHER

Cauley & Co(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE

Stershaw Co

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

4

(14) NAME BEFORE MARRIAGE

MOTHER Clara Evans

(15) PRESENT POSTOFFICE OF MOTHER

Cauley & Co(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE

Stershaw Co

(19) OCCUPATION

Farm Laborer

(21) Number of children of this mother new living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Al. E. at 12 M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) Tena Cauley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeCauley & CoGiven name Al. E. from a supplemental report

(26) Witness

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

Rachel DrakefordM.B. Woodward RegistrarFiled July 6 1916

(28)

J. H. Burfield 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. 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.