

WHITE 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 5.
 McCaw, of Columbia
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(1) PLACE OF BIRTH
 County of Abbeville
 Township of Magnolia
 or
 Inc. Town of Calhoun Falls S.C.
 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
45153

Registration District No. 109 Registered No. 11
 (For use of Local Registrar)

(2) Full Name of Child Myrtle Therkila Hall

(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Jan, 24, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Howard Jefferson Hall

(9) PRESENT POSTOFFICE OF FATHER Calhoun Falls

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE Elbert Co. Ga.

(13) OCCUPATION mill operator

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Therkila

(15) PRESENT POSTOFFICE OF MOTHER Calhoun Falls S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Madison Co. Ga.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 o'clock A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Geo. L. Smith

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Calhoun Falls S.C.

Given name added from a supplemental report _____
 _____, 191____
 _____ Registrar

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

(27) Filed Jan 24 1916 (28) A. B. Vance 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.

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