

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.

(1) PLACE OF BIRTH
County of Abbeville
Township of Magnolia
Inc. Town of Calhoun Falls S.C.
City of Calhoun Falls S.C.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 109 Registered No. 11
(For use of Local Registrar)
(2) Full Name of Child Myrtle Therkila Hall { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 24 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Howard Jefferson Hall</u>			(14) NAME BEFORE MARRIAGE <u>Myrtle Therkila</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Calhoun Falls</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Calhoun Falls S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>39</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Elbert Co. Ga.</u>			(18) BIRTHPLACE <u>Madison Co. Ga.</u>	
(13) OCCUPATION <u>mill operator</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

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. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(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. Hance 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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