(1) PLACE OF BIRTH — CERTIFICATE OF BIRTH

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CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2466

County of Spartanburg
Township of Campobello
or
Inc. Town of .....
or
City of .....

Registration District No. 40-6 Registered No. 7
(For use of Local Registrar)

(No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Carrie May McFall (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl	—	1	Yes	Jan. 20th 1922

FATHER

(8) FULL NAME: Major A McFall
(9) PRESENT POSTOFFICE OF FATHER: Campobello S.C. R7 #3
(10) COLOR OR RACE: White
(11) AGE AT LAST BIRTHDAY: 20 (Years)
(12) BIRTHPLACE: N. C.
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: One

MOTHER

(14) NAME BEFORE MARRIAGE: Bertha Golsby
(15) PRESENT POSTOFFICE OF MOTHER: Campobello, S.C. R7 #3
(16) COLOR OR RACE: White
(17) AGE AT LAST BIRTHDAY: 17 (Years)
(18) BIRTHPLACE: S. C
(19) OCCUPATION: Housework
(21) Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:40 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) H. E. Tevet M. D.
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Inman, S.C.

Given name added from a supplemental report ..... 19 ..... Registrar

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

(27) Filed Jan. 31 1922 (28) E. A. Lipscomb 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.

N. B.—In case of illegitimacy, WITH SIGNATURE OF MOTHER, this certificate is a preliminary acknowledgment of filiation, and may be used as a means of securing BLANK FORM BIRTH CERTIFICATE, and waiver thereof, under Section 1, Public Statutes, No. 2, etc., in question 3.

Bureau of Criminal Statistics, S. C.