

Form No 1.

(1) PLACE OF BIRTH

County of FlorenceTownship of EffinghamInc. Town of
or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52157

Registration District No. 104Registered No. 12

(For use of Local Registrar)

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

(2) Full Name of Child. Lillie McCall

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

(3) BOY OR
GIRL? Girl(4) Twin
or Triplet? Twin(5) Number in
order of birth(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH March 11 1914
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets.

FATHER.

(8) FULL
NAMEEzra McCall(9) PRESENT
POSTOFFICE
OF FATHERTimmonsville(10) COLOR
OR
RACEBlack(11) AGE AT LAST
BIRTHDAY87
(Years)

(12) BIRTHPLACE

Florence County

(13) OCCUPATION

Farmer(14) Number of children born to
mother, including present birth{ 9

MOTHER.

(14) NAME BEFORE
MARRIAGEBeulah Timmons(15) PRESENT
POSTOFFICE
OF MOTHERTimmonsville, S.C.(16) COLOR
OR
RACEBlack(17) AGE AT LAST
BIRTHDAY29
(Years)

(18) BIRTHPLACE

Florence County

(19) OCCUPATION

Housewife(20) Number of children of this mother
now living, including present birth{ 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lelia Jones

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Timmonsville, S.C.Given name added from a supplement-
tal report

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Registrar

(26) Witness

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

(27) Filed

March 11 1914

(28)

Notary

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.

MAKING A PERMANENT RECORD.
WHICH 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.

State of Columbia