

ONE OF THESE OR TABLETS ARE 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 Lee  
Township of Lynchburg  
or  
Inc. 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  
**31039**

Registration District No. 3002 Registered No. 114  
(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 Mary McCalister (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 3 22  
(Name) (Month) (Day) (Year)

FATHER.  
(8) FULL NAME Henry McCalister  
(9) PRESENT POSTOFFICE OF FATHER Elliot S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36  
(Year)  
(12) BIRTHPLACE Lee Co. S.C.  
(13) OCCUPATION Public work  
(20) Number of children born to mother, including present birth 5

MOTHER.  
(14) NAME BEFORE MARRIAGE Mahsa McCalister  
(15) PRESENT POSTOFFICE OF MOTHER Elliot S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24  
(Year)  
(18) BIRTHPLACE Lee Co. S.C.  
(19) OCCUPATION House work  
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura M. M. M.  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Elliot 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 9/14 1922 (28) J. H. McCalister  
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.

McGraw-Hill Book Co. Columbia, S. C.