CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 15942

Registration District No. 6202 Registered No. 26
(For use of Local Registrar)

(1) PLACE OF BIRTH
County of Marlboro
Township of Bingham Mills
or
Inc. Town of .....
or
City of ..... (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 Gladis May McCall (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			Yes	Jan 22

FATHER.

(8) FULL NAME Adolf McCall
(9) PRESENT POSTOFFICE OF FATHER Bennettsville SC
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farm Work
(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE May Steele
(15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION At Work
(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Flora Ladison
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bennettsville SC

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 3-7-22 19 22 (28) Hoodsleth
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 TWINS, write "TWIN" in addition to entries in answer to question 4. In case of TRIPLETS, write "TRIPLET" in addition to entries in answer to question 4. In case of QUADRUPLETS, or QUINTUPLETS, write "QUADRUPLET" or "QUINTUPLET" in addition to entries in answer to question 4. In case of SEXTUPLETS, write "SEXTUPLET" in addition to entries in answer to question 4. In case of SEPTUPLETS, write "SEPTUPLET" in addition to entries in answer to question 4. In case of OCTUPLETS, write "OCTUPLET" in addition to entries in answer to question 4. In case of NONUPLETS, write "NONUPLET" in addition to entries in answer to question 4. In case of DECUPLETS, write "DECUPLET" in addition to entries in answer to question 4.

Register of Columbia, S. C.