

THIS IS A PERMANENT RECORD. 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.

McCALL OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lawrence
Township of Jacks
or
Inc. Town of

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

Registration District No. 2903

File No.—For State Registrar Only
30970

Registered No. 46
(For use of Local Registrar)

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 Grover Cooley

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Parents Married? yes (7) DATE OF BIRTH Sept 22, 22 (Name (Month) (Day) (Year))

FATHER.
(8) FULL NAME Grover C. Nabors
(9) PRESENT POSTOFFICE OF FATHER Christon, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmwr.
(20) Number of children born to mother, including present birth 7

MOTHER.
(14) NAME BEFORE MARRIAGE Mathie U. Adair
(15) PRESENT POSTOFFICE OF MOTHER Christon, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Margaret Young
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

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(27) Filed Sept 22, 22 (28) 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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