

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2209B

File No. - For State Registrar Only

42715

Registered No. 438
(For use of Local Registrar)

(2) Full Name of Child

James Edward McCall child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 12 22
(Name of Month) (Day) (Year)(8) FATHER. FULL NAME Elcie McCall(9) PRESENT POSTOFFICE OF FATHER Sumter(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 8(14) MOTHER. NAME BEFORE MARRIAGE Ennis White(15) PRESENT POSTOFFICE OF MOTHER Sumter(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Homemaker(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 born at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. Walker(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Dec 30 1922 (28) John M. Walker 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 sixth month of pregnancy.