

(1) PLACE OF BIRTH

County of **Marlboro**,.....

Township of **Bethsville**,...

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 **Keller Franklin**,..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Girl**

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married? **Yes**

(7) DATE OF BIRTH **Jan 15/1918**
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry Franklin

(9) PRESENT POSTOFFICE OF FATHER

Bennettsville, S.C.

(10) COLOR **Negro**, OR RACE

(11) AGE AT LAST BIRTHDAY **25** (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Gizzie Oats

(15) PRESENT POSTOFFICE OF MOTHER

Bennettsville, S.C.

(16) COLOR **Negro**, OR RACE

(17) AGE AT LAST BIRTHDAY **22** (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housework

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) **Maude Polson**

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Bennettsville, S.C.

Given name added from a supplemental report

(26) Witness

I. R. Quick

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

(27) Filed **Jan 15/1918**

(28) **W. H. Priest** 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.

Form No. 10. (10) **MAILED JAN 15 1918** **RECEIVED**

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.

City of Columbia