

Form No. 10.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.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.

Caw. of Columbia

McCa

(1) PLACE OF BIRTH

County of Richland
Township of Clinton
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

50318

Registration District No. 3801Registered No. 5
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of St. Ward Ward(2) Full Name of Child Mary Frierson

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? x(5) Number in order of birth
6
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 17 1916
(Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME Jno. Frierson(9) PRESENT POSTOFFICE OF FATHER Lykesland S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Martha(15) PRESENT POSTOFFICE OF MOTHER Lykesland(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was Born alive
on the date above stated. (Hour A. M. or P. M.) 11 A.M.(23) (Signature) L. H. Smith(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife St. Charles

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed Jan 15 1916(28) Louis L. Conner
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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