

Form No. 10.
 MAJIN RESERVED FOR BINDING.
 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 3.

(1) PLACE OF BIRTH

County of Sumter

Township of Assandance

or

Inc. Town of

or

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

File No. — For State Registrar Only

57786

Registration District No. 4105

Registered No. 42

(For use of Local Registrar)

(2) Full Name of Child Laura M.C. Kingie } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 17 1916
 (Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME Calvin M.C. Kingie

(5) PRESENT POSTOFFICE OF FATHER Dalzell S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 49 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth. 12

MOTHER.

(14) NAME BEFORE MARRIAGE Laura M.C. Kingie

(15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth. 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Effie Mark Anderson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report

(20) Witness Mrs. Eva Burkette

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

(27) Filed April 24 1916 (28) B. M. Laughlin 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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