

Form No. 10. NATAL RECORD, WITH UNFOLDING ENCL. BIRTHING. WRITE PLAINLY. WITH UNFOLDING ENCL.—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. City of Columbia.

(1) PLACE OF BIRTH

County of Greenwood

Township of Tellus

Inc. Town of

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

64634

Registration District No. 2005

Registered No. 47
(For use of Local Registrar)

(2) Full Name of Child Becky Dix

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? ☒

To be answered only in case of twins or triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 22 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesley

(9) PRESENT POSTOFFICE OF FATHER Epworth

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 35

(Years)

(12) BIRTHPLACE Greenwood Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Maria Abram

(15) PRESENT POSTOFFICE OF MOTHER Epworth

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 32

(Years)

(18) BIRTHPLACE Greenwood Co

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed 4/23 191...

(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.

...fifth month of pregnancy.

...pre the