

Form No. 10. MAKING RESERVATIONS. 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.

(1) PLACE OF BIRTH

County of Cherokee
 Township of Tellus
 Inc. Town of _____
 City of _____

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. 2001 Registered No. 47
 (For use of Local Registrar)

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

(2) Full Name of Child Becky Dix { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesley
 (9) PRESENT POSTOFFICE OF FATHER Epworth Ga
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Greenwood Ga
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Abrams
 (15) PRESENT POSTOFFICE OF MOTHER Epworth Ga
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Greenwood Ga
 (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. (Hour A. M. or P. M.)

(23) (Signature) Martha Adams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 _____ 191____

 Registrar

(26) Witness W. H. BOWEN
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 4/23 1916 (28) W. H. BOWEN 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. No report is desired of stillbirths before the _____ pre the