

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.

State of Columbia.

(1) PLACE OF BIRTH
 County of Cherokee **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Goudsblill State Board of Health
 or
 Inc. Town of Registration District No. 1002 Registered No. 18
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only
71908

(2) Full Name of Child Mary Tate { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 14, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Lewis Tate</u>			(14) NAME BEFORE MARRIAGE <u>Alice Goudsblock</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C.</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Cherokee County</u>			(18) BIRTHPLACE <u>Cherokee County</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housekeeping</u>	
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 9 a.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harriette Love
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Wilkinsville

Given name added from a supplemental report

(26) Witness J. St. George
 (Signature of Witness necessary only when question 23 is signed by mark)

Dann J. Thaine 191...
 Registrar

(27) Filed Aug 19 1916 (28) Dann J. Thaine
 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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