

Form No. 10.
 MARRIAGE REGISTERED FOR BIRMINGHAM.
 WRITING 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 2.
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Florence STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of
 or
 Inc. Town of Registration District No. 20A Registered No. 279
 or
 City of Florence (No. 101 St. James) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. 2 Ward)

(2) Full Name of Child. Alithia Douglass If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 31</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Wendy Douglass</u>	(14) NAME BEFORE MARRIAGE <u>Alithia Brockington</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Florence S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Florence S.C.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Florence</u>	(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(12) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(12) BIRTHPLACE <u>Florence Co.</u>	(13) BIRTHPLACE <u>Florence S.C.</u>	(13) OCCUPATION <u>Barber</u>	(14) OCCUPATION <u>Domestic</u>
(15) Number of children born to mother, including present birth <u>1</u>	(16) Number of children of this mother now living, including present birth <u>four</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) M. J. Johnson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Florence S.C.

Given name added from a supplemental report 191....

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Jan 4 1916 (27) Filled 6. C. Craft M.D. 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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