

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE IN BLANKS, 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.

McCaw

(1) PLACE OF BIRTH Abbeville **CERTIFICATE OF BIRTH**
 County of Abbeville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Lowndes State Board of Health
 OR
 Inc. Town of Lowndes Registration District No. 101 Registered No. 10
 OR
 City of Lowndes (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

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 24, 1914</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>G. Corum Talbot</u>			(14) NAME BEFORE MARRIAGE <u>Lou Schick</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>McCombs</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>McCombs</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>2</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>2</u> (Years)	
(12) BIRTHPLACE <u>Abbeville Co.</u>			(18) BIRTHPLACE <u>Abbeville Co.</u>	
(13) OCCUPATION <u>Clerk in Genl. Merc. Store</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. S. Talbot M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife McCombs, 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)
 (27) Filed Mar 26 1914 (28) B. J. Dawson 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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