

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.

Conv. of Columbia

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Charleston STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 Township of Marion State Board of Health
 or
 Inc. Town of Registration District No. 1664-B Registered No. 136
 or
 City of (No.) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. For State Registrar
71927

(2) Full Name of Child Minnie J. Marris { If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 11, 1916</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>James Marris</u>	(14) NAME BEFORE MARRIAGE <u>Andrew McJannet</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Camper, S.C.</u>			
(10) COLOR OR RACE <u>B.</u>	(11) AGE AT LAST BIRTHDAY <u>47</u> (Years)	(16) COLOR OR RACE <u>B.</u>	(17) AGE AT LAST BIRTHDAY <u>46</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>H. wife</u>		
(20) Number of children born to mother, including present birth <u>18</u>		(21) Number of children of this mother now living, including present birth <u>11</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Edna M. C. Jones
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Camper, S.C.

Given name added from a supplemental report
 _____, 191....
 _____ Registrar

(26) Witness W. H. Serridge
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 25-1916 (28) W. H. Serridge 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.