

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.

Gov. of Columbia.

(1) PLACE OF BIRTH

County of Charleston

Township of Marion

Inc. Town of

City of

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

Registration District No. 1664-B Registered No. 126

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Minnie Marris

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

(3) SEX OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug 11 1916

FATHER.

(5) FULL NAME James Marris

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE B. (11) AGE AT LAST BIRTHDAY 47 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth McLure

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE B. (17) AGE AT LAST BIRTHDAY 46 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 11

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. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Elizabeth McLure

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

(26) Witness W. H. Searcy

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 25-6 (28) W. H. Searcy 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.