

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Beaufort
Township of in
or
Inc. Town of in
or
City of in

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
18149

Registration District No. 6A Registered No. 9
(For use of Local Registrar)

(2) Full Name of Child Edward Bernard
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
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>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 11, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J. A. Bernard</u>			(14) NAME BEFORE MARRIAGE <u>Lizzie Deas</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Beaufort S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Beaufort S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		
(12) BIRTHPLACE <u>Beaufort S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)		
(13) OCCUPATION <u>Domestic Servant</u>		(18) BIRTHPLACE <u>Beaufort S.C.</u>		
(20) Number of children born to mother, including present birth <u>7th</u>		(19) OCCUPATION <u>House wife</u>		
		(21) Number of children of this mother now living, including present birth <u>7th</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Beaufort S.C. on the date above stated. (Hour A. M. or P. M.) 4:30 A.M.

(23) (Signature) E. B. Bernard

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

Given name added from a supplemental report

Registrar

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

(27) Filed 20 Feb. 1916 (28) A. R. Raley 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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