

Form No. 10.

MARGIN RESERVED FOR BANNING.

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia.

(1) PLACE OF BIRTH
 County of Wayhoro
 Township of Red Hill
 or
 Inc. Town of
 or
 City of (No.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
49911

Registration District No. 8307 Registered No. 9
 (For use of Local Registrar)

(2) Full Name of Child Laura Bises { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Jan 30 1916
To be answered only in case of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Cuffie Bises
 (9) PRESENT POSTOFFICE OF FATHER Besseltown
 (10) COLOR OR RACE Cat (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Anna Malloy
 (15) PRESENT POSTOFFICE OF MOTHER Besseltown
 (16) COLOR OR RACE Cat (17) AGE AT LAST BIRTHDAY 36 (Years)
 (18) BIRTHPLACE Wayhoro
 (19) OCCUPATION Labourer
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 minutes M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) S. L. Bises
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 101
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb. 12 1916. (28) R. L. Griffin 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.