

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.

Cav. of Columbia

(1) PLACE OF BIRTH
 County of Marion
 Township of
 or
 Inc. Town of Mullins Registration District No. 32 B Registered No. 73
 or
 City of (No. St.; Ward)
 (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

46786

(2) Full Name of Child

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Jan 10 1916</u> (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets				
FATHER.				
(8) FULL NAME <u>William Brant</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Mullins S.C.</u>				
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)			
(12) BIRTHPLACE <u>Little Washington, N.C.</u>				
(13) OCCUPATION <u>Day Laborer</u>				
(20) Number of children born to mother, including present birth <u>3</u>				
MOTHER.				
(14) NAME BEFORE MARRIAGE <u>Rachel Norton</u>				
(15) PRESENT POSTOFFICE OF MOTHER <u>Mullins S.C.</u>				
(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)			
(18) BIRTHPLACE <u>Marion Co. S.C.</u>				
(19) OCCUPATION <u>Housework</u>				
(21) Number of children of this mother now living, including present birth <u>3</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Amey X. Hay

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Mullins S.C.

Given name added from a supplemental report

(26) Witness P. H. Rogers
(Signature of Witness necessary only when question 25 is signed by marks)(27) Filed 1/28 1916 (28) P. H. Rogers 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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