

Form No. 10. MARGIN RESERVED FOR BINDING. WIRE 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 Sheldon
 or
 Inc. Town of
 or
 City of (No.)

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

File No.—For State Registrar Only
48172

Registration District No. 6038 Registered No. 111
 (For use of Local Registrar)

(2) Full Name of Child Irish Small, Jr. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 1 1916</u> (Name of Month) (Day) (Year)
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FATHER.
 (8) FULL NAME Irish Small Sr
 (9) PRESENT POSTOFFICE OF FATHER Sheldon N.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Sheldon N.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Three (3)

MOTHER.
 (14) NAME BEFORE MARRIAGE Ideline Heyward
 (15) PRESENT POSTOFFICE OF MOTHER Sheldon N.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Beatalego N.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth Three (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Sheldon 3 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Irish Small, Jr.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sheldon N.C.

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

(26) Witness Ray B. Ottaway
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 12 1916 (28) Ray B. Ottaway 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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