

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.

State of Columbia.

(1) PLACE OF BIRTH
 County of Greenwood
 Township of _____
 or
 Inc. Town of Callison Registration District No. 2302 Registered No. 42
 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
85908

(2) Full Name of Child Jameed D. Dillishaw If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 2, 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME W. D. Dillishaw
 (9) PRESENT POSTOFFICE OF FATHER Callison S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE Greenwood Co.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Elea Connally
 (15) PRESENT POSTOFFICE OF MOTHER Callison S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Arkansas
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born at _____ on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) J. L. Ward, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Breezewood

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

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Nov. 17, 1916 (28) J. J. Tenn 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.