

Form No. 10. MAIN INK—THIS IS A PERMANENT RECORD.
 WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. 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 8.
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Flamence
 Township of Lake
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

File No.—For State Registrar Only
55835

(2) Full Name of Child. Shelia Rose { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr-6-6
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Joe. C. Ross
 (9) PRESENT POSTOFFICE OF FATHER Way SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
 (Years)
 (12) BIRTHPLACE Kingstree SC.
 (13) OCCUPATION Log Tallyman
 (20) Number of children born to mother, including present birth { 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Lara Coy
 (15) PRESENT POSTOFFICE OF MOTHER Way SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
 (Years)
 (18) BIRTHPLACE Cades SC.
 (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 alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Mrs. Susan McDaniel

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Way SC.

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness E. A. McDaniel
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 4/11/6 1916 (28) P. L. Oester
 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.