

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE PLAIN, 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 FIRSTBORN, No. 1, THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of	6 <i>Beaufort</i>	STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		80644	
Township of	<i>James Island</i>	Registration District No.	904	Registered No.	98
or Inc. Town of		(For use of Local Registrar)			
or City of		St. _____ Ward _____			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		If child is not yet named, make supplemental report as directed.			
(2) Full Name of Child <i>Frederick Carshaw</i>					
(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)	
To be answered only in case of Twins or Triplets				<i>Oct 2 1916</i>	
FATHER			MOTHER		
(8) FULL NAME	<i>James Carshaw</i>		(14) NAME BEFORE MARRIAGE	<i>Martha M. Light</i>	
(9) PRESENT POSTOFFICE OF FATHER	<i>James Island</i>		(15) PRESENT POSTOFFICE OF MOTHER	<i>James Island</i>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	<i>23</i>	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY (Years)	<i>18</i>
(12) BIRTHPLACE	<i>James Island N.C.</i>		(18) BIRTHPLACE	<i>James Island</i>	
(13) OCCUPATION	<i>Farmer</i>		(19) OCCUPATION	<i>Married wife</i>	
(20) Number of children born to mother, including present birth	<i>1</i>		(21) Number of children of this mother now living, including present birth	<i>1</i>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was _____ at _____ (Hour A. M. or P. M.) (Born alive or stillborn) on the date above stated.					
(23) (Signature) <i>X. P. Grant</i>			(25) Address of Physician or Midwife		
(24) State whether Physician or Midwife			<i>Midwife R. 1 to Beaufort</i>		
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
<i>Geo. R. Seabrook</i> 191 Local Registrar			(27) Filed <i>Oct 5 1916</i> (28) <i>R. H. Grant</i> 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.					