

FORM NO. 10. MARGIN RESERVED FOR BINDING. WITH UNFOLDING ENR—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. McCraw of Columbia.

(1) PLACE OF BIRTH

County of Lee

Township of Bishopville

Inc. Town of

or City of

(No. St.; Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lulu B. Bimson

File No. For State Registrar Only
49717

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

Registration District No. 3000 Registered No. 4
(For use of Local Registrar)

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 17 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Walter Bimson
(9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Lee Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Minnie Josie
(15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Lee Co
(19) OCCUPATION Housekeeping
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 9 at A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lilientia M. Wilson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Bishopville S.C.

Given name added from a supplemental report

(26) Witness Mrs. N. J. Loney
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 22 1916 (28) Mrs. N. J. Loney Sub
Registrar 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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