

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.

City of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Wm.burg</u>		STATE OF SOUTH CAROLINA.		81827	
Township of <u>Ridge</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>4309</u>		Registered No. <u>48</u>	
or				(For use of Local Registrar)	
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 <u>Samuel Jones</u>				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>Nov. 5- 1916</u>	
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Melvin Jones</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Daniel</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Leo</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Leo</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>38</u>	(17) AGE AT LAST BIRTHDAY <u>33</u>			
(12) BIRTHPLACE <u>Wm.burg</u>		(16) COLOR OR RACE <u>negro</u>			
(13) OCCUPATION <u>Farm hand</u>		(18) BIRTHPLACE <u>Wm.burg</u>			
(20) Number of children born to mother, including present birth <u>7</u>		(19) OCCUPATION <u>Farm hand</u>			
		(21) Number of children of this mother now living, including present birth <u>5</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) _____					
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____					
Given name added from a supplemental report _____, 191....		(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)			
Registrar _____		(27) Filed <u>Nov 30</u> 1916 (28) <u>P. F. Spps</u> 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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