

Form No. 10.

MARGIN RESERVED FOR BINDING.

WHITE 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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of ... **RICHLAND** ...

Township of ... **LOWER** ...

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 SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50337

Registration District No. **3803**

Registered No. **36**

(For use of Local Registrar)

(2) Full Name of Child **Wade Deas**

If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL?

(4) Twin
or Triplet?

(5) Number in
order of birth

(To be answered only in case of twins or triplets)

(6) Are
Parents
Married?

(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Wade Deas

(9) PRESENT
POSTOFFICE
OF FATHER

HOPKINS

(10) COLOR
OR
RACE

NEGRO

(11) AGE AT LAST
BIRTHDAY

40

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

(20) Number of children born to
mother, including present birth

7

MOTHER.

(14) NAME BEFORE
MARRIAGE

Netty Jinson

(15) PRESENT
POSTOFFICE
OF MOTHER

HOPKINS

(16) COLOR
OR
RACE

NEGRO

(17) AGE AT LAST
BIRTHDAY

38

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Laborer

(21) Number of children of this mother
now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **alive** at **4 P.** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Netty Jinson

(24) State whether Physician or Midwife

MIDWIFE

(25) Address of Physician or Midwife

HOPKINS

Given name added from a supplemental report

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

2/22 1916

(28)

F. C. Smith

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.