

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE MAINLY, 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.

(1) PLACE OF BIRTH		COUNTY OF <u>York</u>		TOWNSHIP OF <u>Bulletts Creek</u>		CITY OF <u>York</u>		INC. TOWN OF <u>York</u>		REGISTRATION DISTRICT NO. <u>44.1.9</u>		REGISTERED NO. <u>75-</u>	
										BUREAU OF VITAL STATISTICS STATE BOARD OF HEALTH			
										FILE NO.—FOR STATE REGISTRAR ONLY 45035			
										If child is not yet named, make supplemental report as directed			
(2) Full Name of Child <u>Robert Theodore Burrie</u>													
(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>Dec. 10, 1915</u> (Name of Month) (Day) (Year)					
FATHER.													
(8) FULL NAME <u>James Burrie</u>													
(9) PRESENT POSTOFFICE OF FATHER <u>York S.C.</u>													
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>48</u>		(12) BIRTHPLACE <u>York Co S.C.</u>									
(13) OCCUPATION <u>Farming</u>													
(20) Number of children born to mother, including present birth <u>10</u>													
MOTHER.													
(14) NAME BEFORE MARRIAGE <u>Rachel Hafner</u>													
(15) PRESENT POSTOFFICE OF MOTHER <u>York S.C.</u>													
(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>37</u>		(18) BIRTHPLACE <u>York Co S.C.</u>									
(19) OCCUPATION <u>Housekeeping</u>													
(21) Number of children of this mother now living, including present birth <u>10</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 <u>1:00 P.M.</u> on the date above stated.	
(23) (Signature) <u>W. B. Williams</u>	(24) State whether Physician or Midwife <u>Physician</u>
(25) Address of Physician or Midwife <u>York S.C.</u>	
(26) Witness <u>W. B. Williams</u> (Signature of Witness necessary only when question 23 is signed by mark)	
(27) Filed <u>Dec 11, 1915</u> (28) <u>W. B. Williams</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.