

Form No. 10. MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH FADING 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 Darlington
 Township of High Hill
 or
 Inc. Town of
 or
 City of (No.) (For use of Local Registrar)
 (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
45984

(2) Full Name of Child Terlin Samuel } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL: que (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH: Jan 31 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Calib Samure
 (9) PRESENT POSTOFFICE OF FATHER Synapse
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE Darlington Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Stynus Williams
 (15) PRESENT POSTOFFICE OF MOTHER Synapse
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Darlington Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louise Foster
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Synapse

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness J. S. Howell
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 8 1916 (28) 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.