

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of

Township of

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

45984

Registration District No. 1503

Registered No. 44

(For use of Local Registrar)

(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

(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

Farmers

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Styris 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 born alive or stillborn, on the date above stated.

(23) (Signature)

Laurinda 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.

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