

Form No. 10. MARRIEN RESERVEED EVER HINDING. WHOSE PLAINLY, WITH USE FILING INK—THIS IS A PERMANENT RECORD. N. H.—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.
 State of Columbia

(1) PLACE OF BIRTH
 County of Barnwell
 Township of Barnwell
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
48110

Registration District No. 501 Registered No. 16
 (For use of Local Registrar)

2) Full Name of Child James Daniel Black If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>BOY</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 21</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Walter Black
 (9) PRESENT POSTOFFICE OF FATHER Barnwell S.C. R 701
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE Barnwell Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Jane Olivia Cullin
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C. R 701
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
 (18) BIRTHPLACE Barnwell Co.
 (19) OCCUPATION Housewife
 (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 9:15 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) R. L. Kirkland
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Barnwell S.C.

Given name added from a supplemental report
9/60 1916
Edwards
Super Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed May 21 1916 (28) R. L. Kirkland 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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