

Form No. 10.

MARGIN RESERVED FOR PRINTING  
WHITE PLAINLY, WITH UNFADING INK. LINES IN A PREVIOUS RECORD  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each CHILD and mark the  
McCaw, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Greenville

Township of .....

or  
Inc. Town of .....

City of Greenville

(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  
**42932**

Registration District No. 22 A Registered No. 468

(For use of Local Registrar)

2) Full Name of Child

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 15 1915 (Name of Month) (Day) (Year)

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

FATHER.

(8) FULL NAME Joe Walker  
(9) PRESENT POSTOFFICE OF FATHER Greenville  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)  
(12) BIRTHPLACE Piedmont S. C.  
(13) OCCUPATION Teacher at Dormitory (Furman)  
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Ann Williams  
(15) PRESENT POSTOFFICE OF MOTHER Greenville  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Years)  
(18) BIRTHPLACE Piedmont S. C.  
(19) OCCUPATION Laundress  
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive 6 4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caroline X (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 212 Thurston St.

Given name added from a supplemental report

(26) Witness Grace C. Chambers (Signature of Witness necessary only when question 23 is signed by physician)

(27) Filed Dec. 20 1915 (28) C. E. 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.

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