

FORM No. 10
 MARGIN RESERVED FOR FILING.
 WHITE 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 Henry
 Township of G. J. J.
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
64813

Registration District No. 2505 Registered No. 41
 (For use of Local Registrar)

(2) Full Name of Child Boyd L. Skipper { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9th 1911
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME B. A. Skipper

(9) PRESENT POSTOFFICE OF FATHER Aymar

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Coal Spring, S.C.

(13) OCCUPATION Hammer

(20) Number of children born to mother, including present birth { 8 }

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Skipper

(15) PRESENT POSTOFFICE OF MOTHER Aymar, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Gallevants Ferry

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth { 6 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was June 9th at 4 M. on the date above stated. (Hour & M. or P. M.)

(23) (Signature) M. E. Skipper
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Gallevants Ferry S.C.

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
6/12/11
 (27) FIVE (28) Geo. S. M. Higgins 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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