

Form No. 10. MARGIN RESERVED FOR RECORDS

WRITE PLAINLY, WITH LEADING INK - THIS IS A REVERSIBLE RECORD

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT for each child and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.

McGraw-Hill, Columbia

(1) PLACE OF BIRTH

County of *Florence*

Township of *McMillan*

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

46234

Registration District No. *9111*

Registered No. *3*

(For use of Local Registrar)

(2) Full Name of Child *Dwain Nettles*

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

(3) SEX *Boy*

(4) Twin ~~Accepted~~

To be answered only in case of twins or triplets

(5) Number in order of birth *2*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

*1 6 6*

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Charles Nettles*

(14) NAME BEFORE MARRIAGE *Ellen Howard*

(9) PRESENT POSTOFFICE OF FATHER *Causeuse*

(15) PRESENT POSTOFFICE OF MOTHER *Causeuse*

(10) COLOR OR RACE *Negro*

(11) AGE AT LAST BIRTHDAY *28*

(Years)

(16) COLOR OR RACE *Negro*

(17) AGE AT LAST BIRTHDAY *28*

(Years)

(12) BIRTHPLACE *Florence Co*

(18) BIRTHPLACE *Florence Co*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Dom*

(20) Number of children born to mother, including present birth *7*

(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 *Alive* *H<sup>10</sup> A* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Agnes James* (24) State or Other Physician or Midwife (25) Address of Physician or Midwife *Causeuse*

Given name added from a supplemental report

(26) Witness *W. H. Causeuse*

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *1/6/11* (28) *W. H. Causeuse* 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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