

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.

County of Columbia.

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

File No.—For State Registrar Only  
**77377**

(1) PLACE OF BIRTH  
 County of McGowan  
 Township of Callison  
 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.)

Registration District No. 7207 Registered No. 2  
 (For use of Local Registrar)

(2) Full Name of Child Minnie Hogue If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 5 1916  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Luke Hogue  
 (9) PRESENT POSTOFFICE OF FATHER Callison, S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 Years.  
 (12) BIRTHPLACE Greenwood, Ga.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Minnie Coakley  
 (15) PRESENT POSTOFFICE OF MOTHER Callison  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27 Years.  
 (18) BIRTHPLACE Greenwood, Ga.  
 (19) OCCUPATION Housewife  
 (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 at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emily Brown  
 (24) State whether Physician or Midwife. (25) Address of Physician or Midwife  
Midwife Callison, S.C.

Given name added from a supplemental report  
Luke Hogue 1917  
Callison, S.C. Registrar

(26) Witness ..... Signature of Witness necessary only when question 23 is signed by mark.  
 (27) Filed Sept 15 1916 (28) P. P. Deane 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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