

Form No. 10 (6)
 MARRIAGE REGISTERED UNDER THE MARRIAGE ACT.
 WRITE CLEARLY, 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.
 City of Columbia

(1) PLACE OF BIRTH

County of Kallons

Township of H. Williams

or 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

64055

Registration District No. 100 Registered No. 30
 (For use of Local Registrar)

(2) Full Name of Child Genell Terry { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 20, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Terry

(9) PRESENT POSTOFFICE OF FATHER Little Rock

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Ohio

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER Little Rock

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Ohio

(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 alive at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harold Mack

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Little Rock

Given name added from a supplemental report

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Registrar

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

(27) June 30, 1916. (28) H. Woodruff Local Registrar

Registrar 1

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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