

Form No. 10.
 WHITE PLAIN. WITH LEADING 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 2.
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Augusta

Township of Waynesburg

Inc. Town of Waynesburg

City of Waynesburg

(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

53921

Registration District No. 4106

Registered No. 18

(For use of Local Registrar)

2. Full Name of Child Leanne Alston

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 2 (6) Are Parents Married? No (7) DATE OF BIRTH March 9 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Alston

(9) PRESENT POSTOFFICE OF FATHER Rumbolt SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Sumter SC

(13) OCCUPATION Farmer

(16) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Benjamin

(15) PRESENT POSTOFFICE OF MOTHER Rumbolt SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Sumter SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Waynesburg (Hour A. M. or P. M.) 11 on the date above stated.

(23) (Signature) J. H. Rixland

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rumbolt SC

Given name added from a supplemental report

(26) Witness W. H. Hatcher (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 11 1916 (28) W. H. Hatcher 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.

fifth month of pregnancy.

(copy from original in pencil.)