

Form No. 10.

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH READING 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.

McCauley of Columbia, S.C.

(1) PLACE OF BIRTH

County of Beaufort
Township of St. Helena
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
63229

Registration District No. 604 Registered No. 99
(For use of Local Registrar)

(2) Full Name of Child Ann Mamma } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Male (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH 6.25.1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Christopher Vernon
(9) PRESENT POSTOFFICE OF FATHER Beaufort SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26
(12) BIRTHPLACE Beaufort Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Paula Green
(15) PRESENT POSTOFFICE OF MOTHER Beaufort SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21
(18) BIRTHPLACE Beaufort Co
(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 alive at 6 a on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Paula Green
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Beaufort SC

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

(26) Witness A. P. Danner
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6/26.1916 (28) Sto Seard
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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