

Form No. 10.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH FADING 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.

(1) PLACE OF BIRTH
County of Yreemille
Township of Yreemille
or
Inc. Town of
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 2209 Registered No. 4723
(For use of Local Registrar)

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

File No.—For State Registrar Only
43057

(2) Full Name of Child Annice Young } 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 BIRTH Dec. 17, 5
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME George Griffin
(9) PRESENT POSTOFFICE OF FATHER Yreemille
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Works for city
(14) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Carrie Young
(15) PRESENT POSTOFFICE OF MOTHER Yreemille
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Laundress
(20) 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 at 4 a M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)
(23) (Signature) Annie Gustin
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Yreemille

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Dec 18 5
(27) Filed 191 5 (28) a H Mackie 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.

*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.