

WHITE PENCILS, WITH UNFADING INK—THIS IS A REQUIREMENT FOR ALL REGISTRARS.
 Form No. 10
 McCaw

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 6.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Sumter STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Mayville State Board of Health
 or
 Inc. Town of Registration District No. 412 Registered No. 117
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
44764

(2) Full Name of Child Billy Wilson Mc Duffie If child is not yet named, make supplemental report as directed

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

FATHER.

(8) FULL NAME Level Mc Duffie
 (9) PRESENT POSTOFFICE OF FATHER Mayville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
 (12) BIRTHPLACE Lee Co. S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Wilson
 (15) PRESENT POSTOFFICE OF MOTHER Mayville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House Wife
 (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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Long
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayville S.C.
 (26) Witness (Signature of Witness necessary only when question 23 is signed by me)
 (27) Filed Dec 14 1914 (28) W. G. Thomas Local Registrar

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