

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, 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.

Caw. of Columbia.

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Abbeville

or

Inc. 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

50850

Registration District No. 100 Registered No. 85

(For use of Local Registrar)

(2) Full Name of Child Wm. H. Reed

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl(4) Twin or Triplet? X(5) Number in order of birth X

To be answered only in event of Twin or Triplet's

(6) Are Parents Married? Yes(7) DATE OF BIRTH March 4 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Reed(9) PRESENT POSTOFFICE OF FATHER Abbeville S(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE Abbeville S(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Seven

## MOTHER.

(14) NAME BEFORE MARRIAGE Isabel Cullen(15) PRESENT POSTOFFICE OF MOTHER Abbeville S(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Abbeville S(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 3:00(23) (Signature) Isabel Cullen(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville S

Given name added from a supplemental report

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Registrar

(26) Witness Isabel Cullen

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

(27) Filed 34 1816 (28) Isabel Cullen

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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