

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.

City of Columbia.

(1) PLACE OF BIRTH
 County of Abbeville
 Township 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.)

Registration District No. 100 Registered No. 85
 (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
50850

(2) Full Name of Child W. J. K. Reed { If child is not yet named, make supplemental report as directed

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

FATHER.
 (8) FULL NAME Ulland Yaris
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 41
 (12) BIRTHPLACE Abbeville S
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 6

MOTHER.
 (14) NAME BEFORE MARRIAGE Abbeville Cullen
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 40
 (18) BIRTHPLACE Abbeville S
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth None

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) J. H. Yaris (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 J. H. Yaris (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 3/4 1816 (28) J. H. Yaris 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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