

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.

State of Columbia

(1) PLACE OF BIRTH  
 County of Abbeville  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. 1-a Registered No. 49  
 or  
 City of Abbeville (No. Mill Hill St.; 3rd Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mathew Agnes Mc Curry If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parent Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June, 12, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Oscar Mc Curry</u>	(14) NAME BEFORE MARRIAGE <u>Estelle Lee</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Abbeville, S.C.</u>	(18) BIRTHPLACE <u>Polzer, S.C.</u>	(13) OCCUPATION <u>Mill work</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Female at 8.00 M., on the date above stated. (Born alive, or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Miss J. B. Lee

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville, S.C.

(26) Witness Oscar Mc Curry (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled June 13, 1916 (28) J. P. Perrin 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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File No.—For State Registrar Only

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