

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.

Cav. of Columbia

(1) PLACE OF BIRTH  
County of Abbeville  
Township of .....  
or  
Inc. Town of .....  
or  
City of Abbeville  
(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

62749

Registration District No. 1-a Registered No. 49  
(For use of Local Registrar)  
St.; 3rd Ward  
(No. McCall)  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Mather Agnes McCurry

(3) BOY OR GIRL? Girl (4) Twin or triplet? X (5) Number in order of birth X (6) Are Yes Parents Married? (7) DATE OF BIRTH June 12 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Oscar McCurry  
(9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Abbeville, S.C.  
(13) OCCUPATION Mill work  
(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Lee  
(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Polzer, S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Female at 8 A. M., on the date above stated. (Born alive, or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. J. B. Lee  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville, S.C.

Given name added from a supplemental report

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

(27) Filed June 13 1916 (28) J. G. Perrin  
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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