

Form No. 10.  
WHITE PLAINLY, WITH ENLARGING INK—THIS IS A PRELIMINARY 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.

(1) PLACE OF BIRTH

County of Union

Township of Across Keys

Inc. Town of S.C.

City of (No.)

(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

44865

Registration District No. 4-200

Registered No. 62  
(For use of Local Registrar)

(2) Full Name of Child William Bernard Bobo

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  
to be answered only in case of Twins or Triplets

(6) Are Parent Married? Y

(7) DATE OF BIRTH Dec. 29, 1912  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Billie Bobo

(9) PRESENT POSTOFFICE OF FATHER Union Bot 2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE Union Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Bolt

(15) PRESENT POSTOFFICE OF MOTHER Union Bot 2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE Laurins S.C.

(19) OCCUPATION House Keeper

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 as M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Dr. G. F. Mosley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Affid

Physician Across Keys S.C.

Given name added from a supplemental report

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

1/11/14 1914  
M. B. Woodward Registrar

(27) Filed 1914 (28) G. F. Mosley 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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