

Form No. 10. MARRIAGE LICENSES FOR BUNTING. WHITE PLAINLY. WITH ENLARGING ENTRIES BY A FURNISHED. N. M.—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.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
44865

(1) PLACE OF BIRTH
 County of Union
 Township of Across Keys
 or Town of S.C. Registration District No. 4-200 Registered No. 62
 (For use of Local Registrar)
 City of _____ (No. _____ St.; _____ Ward)
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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 (6) Are Parent Married? Y (7) DATE OF BIRTH Dec. 29 1915
To be answered only in case of Twins or Triplets (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
 (14) 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 Laurin S.C.
 (19) OCCUPATION House Keeper
 (20) 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 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. G. F. Massey
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Across Keys S.C.

Given name added from a supplemental report 1/11/14.3 1915
M. B. Woodward, M.D. Registrar
 (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed _____ 1915 (28) G. F. Massey 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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