

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE FLAINLY, 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.

(1) PLACE OF BIRTH
County of Beaufort
Township of Beaufort
OR
Inc. Town of Beaufort
OR
City of Beaufort

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

File No.—For State Registrar Only
48152

Registration District No. 6A Registered No. 12
(For use of Local Registrar)

(2) Full Name of Child Margaret Milledge If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 26 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Milledge
(9) PRESENT POSTOFFICE OF FATHER Beaufort
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Beaufort
(13) OCCUPATION laborer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Milledge
(15) PRESENT POSTOFFICE OF MOTHER Beaufort
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Beaufort
(19) OCCUPATION housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Margaret Milledge (24) State whether Physician or Midwife (25) Address of Physician or Midwife Beaufort

Given name added from a supplemental report

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

(27) Filed 26 July 1916 (28) J. L. Jones 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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