

Form No. 10.

SEARCHED RESERVED FOR FINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. II.—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.

McCaw, of Columbia

W. I  
N. I

McCaw,

## (1) PLACE OF BIRTH

County of *Spencer, N.C.*  
Township of *Shelbide, S.C.*  
OR  
Inc. Town of  
OR  
City ofCERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
57688Registration District No. *4008*Registered No. *5710*  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. *Minerva, Lora, Ray*

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 *8* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *April 23, 1916*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Carl M. Ray*  
(9) PRESENT POSTOFFICE OF FATHER *Shelbide, S.C.*  
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *25* (Years)  
(12) BIRTHPLACE *Marshall, A.C.*  
(13) OCCUPATION *Mill work*  
(20) Number of children born to mother, including present birth *3*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Willa Raby*  
(15) PRESENT POSTOFFICE OF MOTHER *Shelbide, S.C.*  
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)  
(18) BIRTHPLACE *Marshall, A.C.*  
(19) OCCUPATION *Keeping house*  
(21) Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Shelbide* at *April 23* on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *C. H. Barker* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Shelbide, S.C.*

Given name added from a supplemental report

181

Registrar

(26) Witness *But aple* *magie aple*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *25* 1916. (28) *C. H. Barker* 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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