

FORM NO. 10
 MAILED
 WHITE PLAINLY, WITH WRAPPING TAP—THIS IS A PERMANENT RECORD.
 McChaw of Columbia

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 Darlington

Township of Hollow Creek

or
 Inc. Town of Registration District No. 2108... Registered No. 3
 or
 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. Wesley Hendrix } If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
46859

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No.</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 24</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Solomon Hendrix</u>			(14) NAME BEFORE MARRIAGE <u>Maggie Summers</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Delmar</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Delmar</u>	
(10) COLOR OR RACE <u>col.</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small>	(16) COLOR OR RACE <u>col.</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farming</u>	
(20) Number of children born to mother, including present birth {			(21) Number of children of this mother now living, including present birth {	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary Riley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gilbert S.C.

Given name added from a supplemental report, 191....

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

(27) Filed June 14 1916 (28) T. H. Shuck
Registrar 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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