

Form No. 10.

MARGIN RESERVED FOR FILING.

WE

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

M. X

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of Edisto Isd  
 or  
 Inc. Town of Edisto Isd  
 or  
 City of Edisto Isd (No. \_\_\_\_\_) (St.; \_\_\_\_\_) (Ward \_\_\_\_\_)  
 (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  
**45640**

Registration District No. 902 Registered No. 117

(2) Full Name of Child Fredric D. Ludd Jr. } If child is not yet named, make supplemental report as directed

|   |  |  |  |  |
|---|--|--|--|--|
| (3) BOY OR GIRL<br><u>Boy</u>   | (4) Twin or Triplet?<br><u>No</u><br><small>To be answered only in case of Twins or Triplets</small> | (5) Number in order of Birth<br><u>1</u>   | (6) Are Parents Married?<br><u>Yes</u>                           | (7) DATE OF BIRTH<br><u>Jan 11 1916</u><br><small>(Name of Month) (Day) (Year)</small> |
| FATHER.   |  | MOTHER.  |  |  |
| (8) FULL NAME<br><u>Fredric D. Ludd Sr.</u>                                 |  | (14) NAME BEFORE MARRIAGE<br><u>Mary D. Ludd</u>                                       |  |  |
| (9) PRESENT POSTOFFICE OF FATHER<br><u>Edisto Isd</u>                       |  | (15) PRESENT POSTOFFICE OF MOTHER<br><u>Same</u>                                       |  |  |
| (10) COLOR OR RACE<br><u>W. Neg.</u>  | (11) AGE AT LAST BIRTHDAY<br><u>40</u><br><small>(Years)</small>                                     | (16) COLOR OR RACE<br><u>Cal.</u>  | (17) AGE AT LAST BIRTHDAY<br><u>24</u><br><small>(Years)</small> |  |
| (12) BIRTHPLACE<br><u>Chas. Co.</u>   |  | (18) BIRTHPLACE<br><u>Same</u>   |  |  |
| (13) OCCUPATION<br><u>Farming</u>   |  | (19) OCCUPATION<br><u>Same</u>   |  |  |
| (20) Number of children born to mother, including present birth<br><u>5</u> |  | (21) Number of children of this mother now living, including present birth<br><u>3</u> |  |  |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Fredric D. Ludd  
 (24) State whether Physician or Midwife and Address of Physician or Midwife  
Midwife Edisto Island

Given name added from a supplemental report

(26) Witness J. L. Lea  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 127 1916 (28) J. L. Lea 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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