

FORM NO. 10  
 THIS FORM IS TO BE USED IN CONNECTION WITH THE STATE BOARD OF HEALTH  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and check the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
 McCaw of Columbia.

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Greenville (No. 390 Trotter)  
 (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  
**46295**

Registration District No. 22 A Registered No. 28  
 (For use of Local Registrar)  
 St.; ..... Ward

(2) Full Name of Child Junius Harrison

If name is not yet named, make supplemental report as directed

(3) <b>BOY OR GIRL</b> <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 28</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>Richard Harrison</u>			(14) NAME BEFORE MARRIAGE <u>Bertha May Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S. C.</u>	
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	
(12) BIRTHPLACE <u>Greenville S. C.</u>		(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Greenville S. C.</u>	
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

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

(22) I hereby certify that I attended the birth of this child, who was born alive ..... 11 ..... P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. Harriott  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville S. C.

Given name added from a supplemental report  
Junius 1916  
W. M. Miller  
Miller Registrar

(26) Witness Grace Chalmers  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb. 1 1916 (28) 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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Registrar

Filed August 31, 1942 M. B. Woodward, M.D.  
 Registrar.