

Form No. 10.

MARGIN RESERVED FOR INDEXING.

WHITE PLAIN, WITH ENLARGING TAB—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.

McCaw, of Columbia

(1) PLACE OF BIRTH

County of BeaufortTownship of D. Helena

Inc. Town of

City of

(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

63230

Registration District No. 604Registered No. 100

(For use of Local Registrar)

(2) Full Name of Child Fred Grant

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

(3) BOY OR GIRL
Male

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in case of Twins or Triplets(6) Are Parents Married?
No(7) DATE OF BIRTH 6 21 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
Legitimate

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth
3

MOTHER.

(14) NAME BEFORE MARRIAGE
Margie Grant(15) PRESENT POSTOFFICE OF MOTHER
Proy more, S.C.(16) COLOR OR RACE
W(17) AGE AT LAST BIRTHDAY
36
(Years)(18) BIRTHPLACE
Beaufort Co(19) OCCUPATION
Farmer(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 alive at 3 a.m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. S. S. S. S.(24) State whether Physician or Midwife
Midwife(25) Address of Physician or Midwife
Proy more, S.C.

Given name added from a supplemental report

1916

Registrar

(26) Witness

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

(27) Filed 6/27/16

1916

(28) G. S. S.

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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