

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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 Columbus

(1) PLACE OF BIRTH
 County of Orangeburg STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Orange State Board of Health
 or
 Inc. Town of _____ Registration District No. 3413 Registered No. 10
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
47096

2) Full Name of Child Shelle Kinley } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth 2 (6) Are Parents Married? no (7) DATE OF BIRTH Jan 1 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Not known
 (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 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Sarah Kinley
 (15) PRESENT POSTOFFICE OF MOTHER Jamerson St.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Orangeburg St.
 (19) OCCUPATION Farm hand.
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was male at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) A. J. Fairley
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Jamerson St.

Given name added from a supplemental report
 _____, 191_____
 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 15 1916 (28) A. J. Fairley 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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