

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.

Caw. of Colusa

WZ

N. E

McCaw

(1) PLACE OF BIRTH
COUNTY OF Orangeburg **CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

47096

Township of Orange

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3413Registered No. 10
(For use of Local Registrar)2) Full Name of Child Shelle Henley

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 Jan 1 1916

(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Not known

(2) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 1(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 1 PM (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. L. Fairley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Jamerson St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 15 1916(28) A. L. 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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