

Form No. 10. **MADE IN RESERVE FOR BUNING**  
 WRITE PLAINLY, WITH ENLARGED 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 Columbia

(1) PLACE OF BIRTH

County of Lee

Township of Bishopville

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

49716

Registration District No. 3000

Registered No. 6  
 (For use of Local Registrar)

(2) Full Name of Child Marisel Cain } If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Jan 22 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thomas Williams

(9) PRESENT POSTOFFICE OF FATHER Lucknow S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Lee Co

(13) OCCUPATION Hillman

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Cain

(15) PRESENT POSTOFFICE OF MOTHER Lucknow S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Lee Co

(19) OCCUPATION House girl

(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 at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. H. Duke

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Lucknow S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 24 1916 (28) Mrs. N. J. Loney Sub 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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