

Form No. 10.

MARGIN RESERVED FOR BINDING.

WHITE 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 Columbia

(1) PLACE OF BIRTH		COUNTY OF <u>Abbeville</u>		TOWNSHIP OF <u>Abbeville</u>		INC. TOWN OF <u>or</u>		CITY OF <u>or</u>		REGISTRATION DISTRICT NO. <u>10A</u>		REGISTERED NO. <u>83</u>	
COUNTY OF <u>Abbeville</u>										STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health			
TOWNSHIP OF <u>Abbeville</u>										FILE NO. <u>50851</u> For State Registrar Only			
INC. TOWN OF <u>or</u>										REGISTRATION DISTRICT NO. <u>10A</u>			
CITY OF <u>or</u>										REGISTERED NO. <u>83</u>			
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)										(For use of Local Registrar)			
(2) Full Name of Child <u>Andrew Gray</u>													
If child is not yet named, make supplemental report as directed													
(3) BOY OR GIRL? <u>Boy</u>		(4) Twin or Triplet? <u>X</u>		(5) Number in order of Birth		(6) Are Parents Married? <u>No</u>		(7) DATE BIRTH <u>March 3</u>		(8) (Name of Month) (Day) (Year)			
FATHER.													
(9) FULL NAME <u>William Lee</u>													
(10) PRESENT POSTOFFICE OF FATHER <u>Abbeville SC</u>													
(11) COLOR OR RACE <u>Col</u>		(12) AGE AT LAST BIRTHDAY <u>23</u> (Years)											
(13) BIRTHPLACE <u>Abbeville Co</u>													
(14) OCCUPATION <u>Farmer</u>													
(15) Number of children born to mother, including present birth <u>Two</u>													
MOTHER.													
(16) NAME BEFORE MARRIAGE <u>Emma Gray</u>													
(17) PRESENT POSTOFFICE OF MOTHER <u>Abbeville Co</u>													
(18) COLOR OR RACE <u>Col</u>		(19) AGE AT LAST BIRTHDAY <u>18</u> (Years)											
(20) BIRTHPLACE <u>Abbeville Co</u>													
(21) OCCUPATION <u>Jan Head</u>													
(22) Number of children of this mother now living, including present birth <u>Two</u>													
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*													
(23) I hereby certify that I attended the birth of this child, who was born alive, at <u>10:30 A.M.</u> on the date above stated. (Hour A. M. or P. M.)													
(24) (Signature) <u>Sacchari Christ</u>													
(25) State whether Physician or Midwife <u>Midwife</u>													
(26) Address of Physician or Midwife <u>Abbeville</u>													
Given name added from a supplemental report													
(27) Witness <u>James</u>													
(28) (Signature of Witness necessary only when question 23 is signed by midwife)													
(29) Filled <u>1911</u>													
(30) 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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