

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 Columbia

(1) PLACE OF BIRTH  
 County of *Saluda*  
 Township of *# 2*  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

66108

Registration District No. *3901* Registered No. *59*  
 (For use of Local Registrar)

(2) Full Name of Child *Larline Pearl Budget* 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
				<i>June 27</i> <i>1911</i>
FATHER.				MOTHER.
(8) FULL NAME <i>Bonham Budget</i>				(14) NAME BEFORE MARRIAGE <i>B.tha Turner</i>
(9) PRESENT POSTOFFICE OF FATHER <i>Ridge Spring</i>				(15) PRESENT POSTOFFICE OF MOTHER <i>Ridge Spring</i>
(10) COLOR OR RACE <i>White</i>				(16) COLOR OR RACE <i>White</i>
(11) AGE AT LAST BIRTHDAY <i>34</i> (Years)				(17) AGE AT LAST BIRTHDAY <i>32</i> (Years)
(12) BIRTHPLACE <i>Saluda Co</i>				(18) BIRTHPLACE <i>Saluda Co</i>
(13) OCCUPATION <i>Farming</i>				(19) OCCUPATION <i>Housewife</i>
(20) Number of children born to mother, including present birth <i>11</i>				(21) Number of children of this mother now living, including present birth <i>4</i>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7:30 P.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *L. H. Hunt*

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

*Midwife* *Batesburg*

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 *July 2, 1911* (28) *J. L. Rouch* 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.

fifth month of pregnancy.