

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.

City of Columbia

(1) PLACE OF BIRTH

County of Abbeville

Township of

Inc. Town of

City of Abbeville (No. 1-9)

(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

62753

Registered No. 154

(For use of Local Registrar)

St.; 3rd Ward(2) Full Name of Child George Isaac Cole

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy(4) Twin or Triplet? X(5) Number in order of birth ✓(6) Are Parents Married? Yes(7) DATE OF BIRTH June, 24th

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Colthine Cole(9) PRESENT POSTOFFICE OF FATHER Abbeville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Abbeville, S.C.(13) OCCUPATION P.R. Employee(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Jenkins(15) PRESENT POSTOFFICE OF MOTHER Abbeville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Abbeville, S.C.(19) OCCUPATION House Keeper(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 born alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louise Jenkins(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife, Abbeville, S.C.

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 June 24th 1916 (28) J. G. Brown 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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