

FORM NO. 10. MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. M. H.—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 8. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Lee
Township of Bishopville
or
Inc. Town of
or
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

69266

Registration District No. 2.200

Registered No. 6.6

(For use of Local Registrar)

(2) Full Name of Child Rosa Slater

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 June 16 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mathew Slater
(9) PRESENT POSTOFFICE OF FATHER Bishopville
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Lee Co
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth { 3 }

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Simon
(15) PRESENT POSTOFFICE OF MOTHER Bishopville S. C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Lee Co
(19) OCCUPATION Home Duties
(20) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Melba P. P. P.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Bishopville S. C.

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness Mrs. N. J. Loney
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 21 1916 (28) Mrs. N. J. Loney 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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