

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 Berkley  
 Township of 2<sup>nd</sup> St. Johns  
 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  
**63253**

Registration District No. 703 Registered No. 62  
 (For use of Local Registrar)  
 St.; ..... Ward)

(2) Full Name of Child Babe Dingle { If child is not yet named, make supplemental report as directed

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

## FATHER.

(8) FULL NAME John Dingle  
 (9) PRESENT POSTOFFICE OF FATHER Pinopolis S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38 (Years)  
 (12) BIRTHPLACE Berkley Co  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Bennett  
 (15) PRESENT POSTOFFICE OF MOTHER Pinopolis S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33 (Years)  
 (18) BIRTHPLACE Berkley Co  
 (19) OCCUPATION Farming  
 (20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Grace E. Bryan  
 (24) State whether Physician or Midwife. (25) Address of Physician or Midwife

Midwife Pinopolis S.C.

(26) Witness R. E. Hamilton  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 30, 1916. (28) J. L. Cain 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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