

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.

State of Columbia.

(1) PLACE OF BIRTH
County of Calhoun
Township of Row
or
Inc. Town of
or
City of (No. St.; Ward)
(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
84572

Registration District No. 801 Registered No. 101
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 1 1916
(Name of Month) (Day) (Year)
To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Wm Martin
(9) PRESENT POSTOFFICE OF FATHER Wolfton
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farm hand
(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie James
(15) PRESENT POSTOFFICE OF MOTHER Wolfton
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Farm hand
(20) Number of children of this mother new 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 alive at 11 (Hours A. M. or P. M.)
on the date above stated. (Born alive or stillborn)
(23) (Signature) Miss H. H. Hutto
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Row

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

(26) Witness S. V. Murphy
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled Nov 6 1916 (28) S. V. Murphy 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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