

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 8.

McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenwood</u>		STATE OF SOUTH CAROLINA.		43134	
Township of <u>Kinards</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Dyers</u>		State Board of Health			
City of _____		Registration District No. <u>2308</u>		Registered No. <u>34</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child. <u>Mammaris Christie</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? _____	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 11, 1915</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Oscar Christie</u>			(14) NAME BEFORE MARRIAGE <u>Manda Mathews</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>"96" S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>"96" S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(12) BIRTHPLACE <u>Greenwood Co. S.C.</u>			(18) BIRTHPLACE <u>Greenwood Co. S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>30</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Annie Christie</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>"96" S.C. sign. S. S. S. S.</u>					
Given name added from a supplemental report _____, 191____			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____		
_____, Registrar			(27) Filed <u>Dec 13</u> 191 <u>5</u> (28) <u>H. S. S. S.</u> 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.					