

FORM NO. 10. MARYLAND DEPARTMENT OF HEALTH. **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. **McKAY** of Columbia.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 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
43019

Registration District No. 2-2-49 Registered No. _____
 (For use of Local Registrar)

(2) Full Name of Child Lutan Berry Jr child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy **(4) Twin or triplet?** _____ **(5) Number in order of birth** _____
To be answered only in case of twins or triplets **(6) Age** 10 **(7) DATE OF BIRTH** Jan 26 1955
Married? **(Name of Month) (Day) (Year)**

FATHER.
(8) FULL NAME Lutan Berry
(9) PRESENT POSTOFFICE OF FATHER unknown
(10) COLOR OR RACE Black **(11) AGE AT LAST BIRTHDAY** 20 (Years)
(12) BIRTHPLACE unknown in Jackson W. Va.
(13) OCCUPATION on R. a. means place
(14) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Ida Rice
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
(16) COLOR OR RACE Black **(17) AGE AT LAST BIRTHDAY** 17 (Years)
(18) BIRTHPLACE Greenville S.C.
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive **at** 4 a. **M.**
on the date above stated. (Born alive or ~~stillborn~~) (Hour A. M. or P. M.)

(23) (Signature) Sarrah X. Brown
(24) State whether Physician or Midwife. midwife **(25) Address of Physician or Midwife** Greenville

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)
(27) (Signature) Jan 6 **(28)** A. H. Macke
 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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