

Form No. 10.

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.

McCaw

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville

Inc. Town of
City of

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. 2-2-9 Registered No. 1
(For use of Local Registrar)
(No. White Horse Road (Name of same instead of street and number.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Lutan Berry Jr

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth

(6) Age

10

(7) DATE OF BIRTH

Jan. 22 (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 Work

(13) OCCUPATION

on R.A. means place

(14) Number of children born to mother, including present birth

3

(14) NAME BEFORE MARRIAGE

Ila 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

(20) 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)

Sarna X

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Jan 6

191

(28)

O. 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.

*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.