

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 1.

McGaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Sumter  
 Township of Providence  
 or  
 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  
57791

Registration District No. 4103 Registered No. 48  
 (For use of Local Registrar)

(2) Full Name of Child. Dallie Lonie 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 .....  
 To be answered only in case of twins or triplets (6) Are yes Parents Married? ..... (7) DATE OF BIRTH April 5 1916  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>William Lonie</u>	(14) NAME BEFORE MARRIAGE <u>Hattie Haynesworth</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Dalzell S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Dalzell S.C.</u>
(10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>
(13) OCCUPATION <u>Farm Hand</u>	(19) OCCUPATION <u>Domestic</u>	(20) Number of children born to mother, including present birth <u>10</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 alive at 11 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Narah Ann Mitchell (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Dalzell S.C.

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

(26) Witness Mrs. Eva Burdette  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed April 8th 1916 (28) B. M. Laughlin 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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WHI N. H

McGaw