

Form No. 10
 THIS PLACE, WITH OTHER PLACES, IS A PERMANENT RECORD.
 It is to be kept in a safe place, and not to be destroyed.
 State of Columbia
 Department of Health, No. 1. THIS OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Clayton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
46351

Registration District No. 275 Registered No. 1
 (For use of Local Registrar)

(2) Full Name of Child Elmer Plunley } 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>Jan. 2, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Morris Plunley</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Laudrum St.</u>		(14) NAME BEFORE MARRIAGE <u>Ollie Center</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Laudrum St.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(12) BIRTHPLACE <u>Greenville Co. S.C.</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(13) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>Greenville Co. S.C.</u>	(19) OCCUPATION <u>Housewife</u>	(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>6</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) J. E. Morrow
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Campbell St.

Given name added from a supplemental report
June 28, 1916
Edw. Miller
Deputy Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan. 3, 1916 (28) J. V. Phillips
 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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