

Form 16-10
 WHITE PLANK, WITH UNFADING INK, IS PERMANENTLY
 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.
 S. Cal. of Columbia.

(1) PLACE OF BIRTH
 County of Sumter
 Township of Mayville
 or
 Inc. Town of Registration District No. 402
 City of (No. St.; Ward)
 (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
44762

(2) Full Name of Child Annie May Wilson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 9 1911
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Benjamin Wilson
 (9) PRESENT POSTOFFICE OF FATHER Mayville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 47 (Years)
 (12) BIRTHPLACE Sumter Co
 (13) OCCUPATION Farm Hand
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Mattie Freeman
 (15) PRESENT POSTOFFICE OF MOTHER Mayville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (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 born at 4:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. W. Jones (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayville S.C.

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 10 1911 (28) L. W. Jones 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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