

Form No. 10.

MARGINS RESERVED FOR FILING. WRITE FULLY, WITH LEADING LAR—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 N. No. 1, THE OTHER, No. 2, etc., in question 5. McCaw of Columbia.

WR N. E. McCaw

(1) PLACE OF BIRTH
County of *Charlotte* STATE OF SOUTH CAROLINA.
Township of *Christ Church* Bureau of Vital Statistics
or *Parish* State Board of Health
Inc. Town of Registration District No. *901*

File No.—For State Registrar Only
45632

City of (No.) Registered No. *2*
(For use of Local Registrar)
or (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

(2) Full Name of Child *Ausoleet Collins* } 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 (6) Are Parents Married? *no* (7) DATE OF BIRTH *Jan 13 1916*
To be numbered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Septimus*
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth *1*

MOTHER.
(14) NAME BEFORE MARRIAGE *Livier Collins*
(15) PRESENT POSTOFFICE OF MOTHER *Wt Pleasant SC*
(16) COLOR OR RACE *Wgn* (17) AGE AT LAST BIRTHDAY (Years) *19*
(18) BIRTHPLACE *Christ Church Parish*
(19) OCCUPATION *Farming*
(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *9 a* M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Caroline Mason*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Wt Pleasant SC*

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 *Jan 14 1916* (28) *W. H. ...* 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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