

MARGIN RESERVED FOR BINDING.
 Form No. 10.
 WHITE 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

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

(1) PLACE OF BIRTH, County of Sumter
 Township of Sumter
 or Inc. Town of _____
 or City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
44884
 Registered No. 52
 (For use of Local Registrar)

(2) Full Name of Child _____

(3) BOY OR GIRL? G
 (4) Twin or Triplet? _____
 (5) Number in order of birth 12
 (6) Are Parents Married? _____
 (7) DATE OF BIRTH Dec 1 1912
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Morrison
 (9) PRESENT POSTOFFICE OF FATHER Sumter
 (10) COLOR OR RACE Wh
 (11) AGE AT LAST BIRTHDAY 45
 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Teacher
 (20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Miss K. W. Wynn
 (15) PRESENT POSTOFFICE OF MOTHER Sumter
 (16) COLOR OR RACE Wh
 (17) AGE AT LAST BIRTHDAY 41
 (Years)
 (18) BIRTHPLACE SC
 (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 _____ at _____ M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Wynn
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

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

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by me)
 (27) Filed Dec 5 1912 (28) _____ 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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