

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 6. McCraw of Columbia.

(1) PLACE OF BIRTH  
 County of Union **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 File No.—For State Registrar Only  
79558  
 Township of Bogartsville  
 or Town of Buffalo S.C. Registration District No. H. 2. B. Registered No. 56  
 City of \_\_\_\_\_ (No. \_\_\_\_\_) (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child \_\_\_\_\_ { 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>Sept 3 1916</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>J. Lee Little</u>	(14) NAME BEFORE MARRIAGE <u>L. Ann Henderson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Buffalo, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Buffalo S.C.</u>			
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 2 A.M. (Hour A. M. or P. M.)  
 on the date above stated.  
 (23) (Signature) Temple G. Green  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Buffalo, S.C.

Given name added from a supplemental report \_\_\_\_\_  
 \_\_\_\_\_ 191\_\_\_\_\_  
 \_\_\_\_\_ Registrar  
 (26) Witness J. L. Woodward  
 Signature of Witness necessary only when question 23 is signed by mark.  
 (27) Filed Sept 3 1916 (28) J. L. Woodward 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.