

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 (a).

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Cav. of Columbia

W. N. M.

McCaw.

## (1) PLACE OF BIRTH

County of *Berkley*Township of *2<sup>nd</sup> St. Johns*or  
Inc. Town of  
or

City of

(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  
**58835**Registration District No. *703* Registered No. *41*  
(For use of Local Registrar)(2) Full Name of Child *Frank Stewart*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>no</i>	(7) DATE OF BIRTH <i>May 11, 1916</i> (Name of Month) (Day) (Year)
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To be answered only in event of Twins or Triplets

## FATHER.

(8) FULL NAME *Willie Scott*(9) PRESENT POSTOFFICE OF FATHER *Oakley Depot St*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *35* (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

## MOTHER.

(14) NAME BEFORE MARRIAGE *Courty Stewart*(15) PRESENT POSTOFFICE OF MOTHER *Oakley Depot St*(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *20* (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born Alive* at *11:50 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Sally L. Green*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *May 17, 1916*

(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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