

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 5.

State of Columbia

(1) PLACE OF BIRTH

County of Spencer  
Township of Chicksbury  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
48876

Registration District No. 2304 Registered No. Law  
(For use of Local Registrar)  
(No. of St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Starks } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet?  (5) Number in order of birth two (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 15 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Willis Starks  
(9) PRESENT POSTOFFICE OF FATHER Coronaca S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE Edgefield Co.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth Two

MOTHER.  
(14) NAME BEFORE MARRIAGE Nettie Butler  
(15) PRESENT POSTOFFICE OF MOTHER Coronaca S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE Copworth S.C.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Mariam J. J. J.  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Coronaca 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 Feb 21 1916 (28) D. D. R. Camp 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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