

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

(1) PLACE OF BIRTH  
 County of Williamsburg STATE OF SOUTH CAROLINA.  
 Township of Sumter Bureau of Vital Statistics  
 or State Board of Health  
 Inc. Town of ..... Registration District No. 4310 Registered No. 30  
 or (For use of Local Registrar)  
 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  
44985

2) Full Name of Child Mannah Brayboy } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 2, 1915  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Ishmeal Brayboy  
 (9) PRESENT POSTOFFICE OF FATHER Sage city SC  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 41 (Years)  
 (12) BIRTHPLACE Williamsburg  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 12

MOTHER.  
 (15) NAME BEFORE MARRIAGE Martha Brayboy  
 (16) PRESENT POSTOFFICE OF MOTHER Sage city  
 (17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 39 (Years)  
 (19) BIRTHPLACE Williamsburg  
 (20) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
 (22) I hereby certify that I attended the birth of this child, who was born alive at 8 o'clock P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jessie Montgomerie  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Sage city 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 Dec 2 1915 (28) M. A. Pritch 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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