

Form No. 10. MARGIN RESERVED FOR BINDING. 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
Inc. Town of State Board of Health
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 Mannar Braybay { 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 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 2, 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ishmael Braybay
(9) PRESENT POSTOFFICE OF FATHER Sike 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 Martina Braybay
(16) PRESENT POSTOFFICE OF MOTHER Sike 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) J. M. Montgomery (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sike City SC

Given name added from a supplemental report

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

(27) Filed Dec 15 1915 (28) M. A. Rutch 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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