

Form No. 10.

MARGIN RESERVED FOR INDEXING.

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 N. No. 1. THIS OFFICIAL No. 2, etc., in question 3.

McCraw, of Columbia

(1) PLACE OF BIRTH
 County of Marlboro
 Township of Adamsville
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
49863

Registration District No. 3300 Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child Mellie Huxley { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>26</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 21, 1896</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Ed Huxley</u>		(14) NAME BEFORE MARRIAGE <u>Bertha Malley</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Tatum S C</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Tatum S C</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Charleston S C</u>		(18) BIRTHPLACE <u>Charleston S C</u>		
(13) OCCUPATION <u>Laborer</u>		(19) OCCUPATION <u>Laborer</u>		
(20) Number of children born to mother, including present birth <u>7</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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. Malley
 (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife W. H. H. Co

Given name added from a supplemental report
 _____, 191....
 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

 (27) Filed 2.11.1916 (28) H. H. H. Co 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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