

FORM NO. 10. MARRIAGE RESERVED INK BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5. S.Caw. of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Bamberg STATE OF SOUTH CAROLINA.
 Township of Suffolds Bridge Bureau of Vital Statistics
 or Inc. Town of Govan State Board of Health
 or Registration District No. 401 Registered No. 7
 City of _____ (For use of Local Registrar)
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
48081

(2) Full Name of Child I. da Swabb If child is not yet named, make supplemental report as directed

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

FATHER.

(8) FULL NAME Wesley Swabb
 (9) PRESENT POSTOFFICE OF FATHER Govan S.C.
 (10) COLOR OR RACE Wegro (11) AGE AT LAST BIRTHDAY 33
 (12) BIRTHPLACE Govan S.C.
 (13) OCCUPATION Farm laborer
 (14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Dot Neviah Timmons
 (15) PRESENT POSTOFFICE OF MOTHER Govan S.C.
 (16) COLOR OR RACE Wegro (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE Govan S.C.
 (19) OCCUPATION farm labourer
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 10. a M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Suzie Counts
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Govan S.C.

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

(26) Witness W. E. L. Ray
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb. 11 1916 (28) C. B. Ray 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.