

FORM No. 10. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. H.—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.  
 M. McCaw, of Columbia

(1) PLACE OF BIRTH  
 County of Fluorence  
 Township of Lade  
 or  
 Inc. Town of Lade  
 or  
 City of Lade (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  
46220

Registration District No. 2109 Registered No. 3  
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 26, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Tra-L-Prosser</u>			(14) NAME BEFORE MARRIAGE <u>Sarah Hayes</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lade</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lade</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Hannan, S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>		
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Hannan, S.C.</u>	
(20) Number of children born to mother, including present birth <u>11</u>			(19) OCCUPATION <u>Housewife</u>	
			(21) Number of children of this mother now living, including present birth <u>9</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Patton  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lade, 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 2/1 6 191\_\_\_\_ (28) R. L. Carter 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.