

Form No. 10

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

1. 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.  
McGaw, of Columbia.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town

or

City of

(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

58804

Registration District No. 7004

Registered No. 75

(For use of Local Registrar)

(2) Full Name of Child

No Name

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet

Twin

(5) Number in order of birth

4

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

May 20

1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Wm. Smith

(9) PRESENT POSTOFFICE OF FATHER

Frogmore R.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

37

(Years)

(12) BIRTHPLACE

Frogmore S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

9

## MOTHER.

(14) NAME BEFORE MARRIAGE

Viola Larson

(15) PRESENT POSTOFFICE OF MOTHER

Frogmore S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

35

(Years)

(18) BIRTHPLACE

Frogmore A.C.

(19) OCCUPATION

House Keeper

(21) Number of children of this mother now living, including present birth

9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was

alive

at 11 a.m.

on the date above stated.

(23) (Signature)

Physician

(24) State whether Physician or Midwife

Physician

Given name added from a supplemental report

191

Registrar

(26) Witness

Witness

(27) Filed

5/23

1916

(28)

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.

fifth month of pregnancy.