

Form No. 10. MARGIN RESERVED FOR FINDING 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

McGaw. of Columbia. FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Sumter

Township of Middle

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marion Reed

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Apr. 6, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mathew Reed

(9) PRESENT POSTOFFICE OF FATHER Wedgfield

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 28  
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Coleman

(15) PRESENT POSTOFFICE OF MOTHER Wedgfield

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 26  
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. L. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wedgfield

Given name added from a supplemental report

(26) Witness M. L. Smith

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

(27) Filed Apr. 2, 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.

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