

Form No. 10.
 MARYLAND, WITH LEADING ENTRIES IN CASES OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. Mark the
 N. B.—In case of TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. Mark the
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc. in question 2.
 McCay of Columbia

MARGIN RESERVED FOR BINDING

(1) PLACE OF BIRTH

County of Florence
 Township of Hannah
 Inc. Town of
 City of Hannah (No.) (For use of Local Registrar)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
12876

Registration District No. 2016 Registered No. 444
 (For use of Local Registrar)

2) Full Name of Child Lilue Poston

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Dec 24 1915</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
5) FULL NAME <u>Evans L. Poston</u>			14) NAME BEFORE MARRIAGE <u>Lutie Poston</u>	
6) PRESENT POSTOFFICE OF FATHER <u>Hymar</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Hymar</u>	
16) COLOR OR RACE <u>white</u>			17) AGE AT LAST BIRTHDAY <u>41</u> (Years)	
12) BIRTHPLACE <u>Hymar</u>			18) BIRTHPLACE <u>Hymar</u>	
13) OCCUPATION <u>Farming</u>			19) OCCUPATION <u>House wife</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 a.m. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mellie Bostick
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness W. H. Poston
 (Signature of Witness necessary only when question 23 is signed by mar)
 (27) Filed Dec 29 1915 (28) W. H. Poston
 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.

*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.