

Form No. 10.
MAILED IN ORDERED FOR FILING.
WRITE 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
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

McCauley of Columbia

(1) PLACE OF BIRTH

County of Florence

Township of 11

Inc. Town of 11

City of Florence

(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

42778

Registration District No. 20-A Registered No. 271

(For use of Local Registrar)

(2) Full Name of Child Therese Williams

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 12 1911
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Therese Williams

(14) NAME BEFORE MARRIAGE Miss Bell

(9) PRESENT POSTOFFICE OF FATHER Florence

(15) PRESENT POSTOFFICE OF MOTHER Florence

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Florence S.C.

(18) BIRTHPLACE Marlboro S.C.

(13) OCCUPATION Rail Road

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) M. J. Wilson

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

Midwife Florence

Given name added from a supplemental report

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

(27) Filed Dec 20 1911 (28) 66 Craft md. 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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