

Form No. 10.

WR

M.I

McCauley, of Columbia

MARGIN RESERVED FOR FILING.

WHITE PLAIN, 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 5.

(1) PLACE OF BIRTH  
County of Cherokee  
Township of ...  
or  
Inc. Town of ...  
or  
City of ...

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

File No.—For State Registrar Only  
**45707**

Registration District No. 1000B Registered No. 1  
(For use of Local Registrar)

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

(2) Full Name of Child Romero Lee Blaylock If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</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>No</u>	(7) DATE OF BIRTH <u>Jan. 6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Pink Blaylock</u>			(14) NAME BEFORE MARRIAGE <u>Mary Graham</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Groves, N.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Groves, N.C.</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Blacksburg S.C.</u>			(18) BIRTHPLACE <u>Blacksburg S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farming</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Lizzie Logan  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Groves N.C.

Given name added from a supplemental report

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

(27) Filed Jan 25 1916 (28) W. R. Hambrick 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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