

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 5.

Cav. of Columbia.

(1) PLACE OF BIRTH  
 County of York  
 Township of .....  
 OF  
 Inc. Town of .....  
 OR  
 City of Rock Hill  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar  
75188

Registration District No. 44B5 Registered No. 13  
 (For use of Local Registrar)  
 St.; .....  
 (No. ....)

(2) Full Name of Child Bengamin Squalls { If child is not yet named, no supplemental report as directed.

(3) BOY OR GIRL? boy (4) Twin or triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 18  
 (Name of Month) (Day)

FATHER.  
 (8) FULL NAME William Squalls  
 (9) PRESENT POSTOFFICE OF FATHER Ridgeway, S.C.  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 15  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth { 6

MOTHER.  
 (14) NAME BEFORE MARRIAGE Laura Squalls  
 (15) PRESENT POSTOFFICE OF MOTHER Ridgeway, S.C.  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 2  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION seamstress  
 (21) Number of children of this mother now living, including present birth { 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Caroline Steele

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

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed 8/19/11 (28) J. A. Miller Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.