

Form No. 10. MARGIN RESERVED FOR BINDING. 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.

State of Columbia.

(1) PLACE OF BIRTH County of <u>Richland</u> Township of <u>Centon</u> or Inc. Town of ..... or City of ..... (No. .... St. .... Ward ....) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>70211</b>
(2) Full Name of Child <u>Friday Addison</u>		Registration District No. <u>3801</u> ..... Registered No. <u>33</u> ..... (For use of Local Registrar) If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 10 1916</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>Sam'l Addison</u> (9) PRESENT POSTOFFICE OF FATHER <u>Lykesland S.C.</u> (10) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>25</u> (Years) (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Farm Laborer</u> (20) Number of children born to mother, including present birth <u>1</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Dinah Johnson</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Lykesland S.C.</u> (16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>25</u> (Years) (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Cornelia Brown</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Wm. H.</u>				
Given name added from a supplemental report <u>See affidavit</u> <u>3/20/17 S.A. R.</u> Registrar		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>July 10 1916</u> (23) <u>Louis Selmont</u> 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.				