

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 6.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Cherokee  
 Township of Cherokee

or  
 Inc. Town of .....

or  
 City of .....

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

(2) Full Name of Child Burley Leche Rainey { 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 1000B (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 24, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Bob Rainey

(9) PRESENT POSTOFFICE OF FATHER King's Creek, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Cherokee Co. S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 2 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Maude Pruitt

(15) PRESENT POSTOFFICE OF MOTHER King's Creek, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Cherokee Co S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 2 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P.M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Sallie L. Lunn

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

midwife. King's Creek, S.C.

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 Oct 9 1916 (28) J. A. Jackson 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76184