

Form No. 10. MARGIN RESERVED FOR BINDING.

WHICH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. H.—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

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County of *Kershaw*  
Township of *Buffalo*  
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  
**86179**

Registration District No. *5700* Registered No. *154*  
(For use of Local Registrar)  
St.; ..... Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *William Joseph Croft* } If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL~~ (4) ~~Sex~~ *one* (5) Number in order of birth *3* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Oct 10 1916*  
(Name of Month) (Day) (Year)  
To be answered only in event of Twins or Triplets.

FATHER.  
(8) FULL NAME *Myron J. Croft*  
(9) PRESENT POSTOFFICE OF FATHER *Beaufort S.C.*  
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *24* (Years)  
(12) BIRTHPLACE *Kershaw Co.*  
(13) OCCUPATION *Farming*  
(20) Number of children born to mother, including present birth *3*

MOTHER.  
(14) NAME BEFORE MARRIAGE *Hattie E. Gardner*  
(15) PRESENT POSTOFFICE OF MOTHER *Beaufort S.C.*  
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *32* (Years)  
(18) BIRTHPLACE *Kershaw Co.*  
(19) OCCUPATION *Housewife*  
(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) *E. F. Russell M.D.*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 *Dec 9 1916* (28) *J. M. Coles* 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.