

Form No. 10.

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY, WITH CAPING LETTERS IN A PRESSURE BOARD

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.

McDowell of Columbia

(1) PLACE OF BIRTH  
 County of Charleston STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 Township of St. James Santee State Board of Health  
 or  
 Inc. Town of McClellanville Registration District No. 906 Registered No. 8  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**45657**

2) Full Name of Child Carnis Snyder { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Jan, 9, 1916  
(To be answered only in case of Twin or Triplet's) (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Jimmie Snyder  
 (9) PRESENT POSTOFFICE OF FATHER McClellanville  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 20 (Years)  
 (12) BIRTHPLACE Santee  
 (13) OCCUPATION Farm Laborer  
 (20) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Lizzie Jenkins  
 (15) PRESENT POSTOFFICE OF MOTHER Santee  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)  
 (18) BIRTHPLACE Santee  
 (19) OCCUPATION Farm Laborer  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Betsy Jenkins  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Santee

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 Jan 27, 1916 (28) Geo. E. Beckman 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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