

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.

(1) PLACE OF BIRTH  
Anderson  
COUNTY OF .....  
TOWNSHIP OF ..... Pendleton  
INC. TOWN OF .....  
CITY OF .....  
(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 Only  
63052

Registration District No. 310 Registered No. 50  
(For use of Local Registrar)  
St.; Ward

(2) Full Name of Child Robert Lee Blackley  
{ 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	(6) Are Parents Married? yes	(7) DATE OF BIRTH 6 9 191 (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME Tom R. Blackley			MOTHER. (14) NAME BEFORE MARRIAGE Lucy Howard	
(9) PRESENT POSTOFFICE OF FATHER Pendleton, S. C., Route 3			(15) PRESENT POSTOFFICE OF MOTHER Pendleton, S. C., Route 3.	
(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 5 <sup>0</sup>	(16) COLOR OR RACE white	(17) AGE AT LAST BIRTHDAY 21 (Years)	
(12) BIRTHPLACE Pickens Co., S. C.			(18) BIRTHPLACE Anderson Co., S. C.	
(13) OCCUPATION Farming			(19) OCCUPATION House-wife	
(20) Number of children born to mother, including present birth one			(21) Number of children of this mother now living, including present birth one	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) C. C. HARRISON  
(24) State whether Physician or Midwife Physician  
(25) Address of Physician or Midwife Pendleton, 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 6/14 1916 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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