

FORM NO. 10. MARGIN RESERVED FOR BINDING. WHITE PAPER, WITH LEADING 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. McCraw of Columbia

(1) PLACE OF BIRTH

County of *Charleston*
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of *St. James Santee*
 or
 Inc. Town of *McClaurieville*
 or
 City of _____ (No. _____) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
45655

(2) Full Name of Child *Solomon Washington*

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 *2* (6) Are Parents Married? *no* (7) DATE OF BIRTH *Jan 5 1916*
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Solomon Washington*
 (9) PRESENT POSTOFFICE OF FATHER *Santee*
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *33*
 (12) BIRTHPLACE *Santee*
 (13) OCCUPATION *Waitman*
 (20) Number of children born to mother, including present birth *2*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Betty Singleton*
 (15) PRESENT POSTOFFICE OF MOTHER *McClaurieville*
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *23*
 (18) BIRTHPLACE *McClaurieville*
 (19) OCCUPATION *Farm Labourer*
 (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* *10 A.M.*
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Dr. M. M. Wells*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *McClaurieville*

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 11 1916* (28) *Geo E. Bestman*
 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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W. E. McCraw