

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.
McCaw, of Columbia

N. 1

McCaw,

(1) PLACE OF BIRTH
County of Greenville
Township of "
or
Inc. Town of
or
City of Greenville
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
64443

Registration District No. 22. A Registered No. 242
(For use of Local Registrar)
(No. 106 Chilora Ave St.; 6 Ward)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 17, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Henry Neely</u>	(14) NAME BEFORE MARRIAGE <u>Sadie Stringer</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>			
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Greenville Co.</u>		(18) BIRTHPLACE <u>Greenville</u>		
(13) OCCUPATION <u>Laborer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated.
(Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) J. P. West
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
..... 101.....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 21, 1916 (28) E. Smith
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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