

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE 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.

(1) PLACE OF BIRTH

County of *Williamston*  
 Township of *Manzoni*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

47655

Inc. Town of ..... Registration District No. *4506* Registered No. *7*  
 or  
 City of ..... (No. .... 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. *Esabella Pendergrass* If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL?~~ *girl* (4) Twin or Triplet?  (5) Number in order of birth ..... (6) Are Parents Married? *yes* (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 *Mackey Pendergrass*  
 (9) PRESENT POSTOFFICE OF FATHER *Cades*  
 (10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *32* (Years)  
 (12) BIRTHPLACE *Cades, S.C.*  
 (13) OCCUPATION *Farming*  
 (20) Number of children born to mother, including present birth *9*

MOTHER.

(14) NAME BEFORE MARRIAGE *Bell, Melvin*  
 (15) PRESENT POSTOFFICE OF MOTHER *Cades*  
 (16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *28* (Years)  
 (18) BIRTHPLACE *Manning, S.C.*  
 (19) OCCUPATION *House wife*  
 (21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) *midwife Laurie Epper*  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Cades, S.C.*

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness *B. M. Smith*  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed *July 4, 1916* (28) *J. J. Pearson* 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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