

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.   
Caw, of Columbia.

(1) PLACE OF BIRTH  
County of Colleton  
Township of Verdier  
OR  
Inc. Town of .....  
OR  
City of ..... (No. .... St.; ..... Ward)  
(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  
**45925**

Registration District No. 1409 Registered No. 3  
(For use of Local Registrar)

(2) Full Name of Child Mary Bennett { 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 event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME John Bennett  
(9) PRESENT POSTOFFICE OF FATHER W'boro. S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY ..... (Years)  
(12) BIRTHPLACE Colleton Co. S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { 4

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Rosa Triggers  
(15) PRESENT POSTOFFICE OF MOTHER W'boro. S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY ..... (Years)  
(18) BIRTHPLACE Colleton Co. S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth { 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) I hereby certify that I attended the birth of this child, who was alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) ..... John Bennett  
(24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife W'boro. 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 Jan. 11, 1916 (28) Norman L. Padgett 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.