

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

County of

Township of

or  
Inc. Town of

or  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR  
GIRL?

Boy

(4) Twin  
or Triplet?

No

(5) Number in  
order of birth

1

(6) Are  
Parents  
Married?

Yes

(7) DATE OF  
BIRTH

Dec 4 1915

(Name of Month) (Day) (Year)

(8) FULL  
NAME

(9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR  
OR  
RACE

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to  
mother, including present birth

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement  
report

191

Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed

Dec 8 1915

(28)

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 required of stillbirths before the  
fifth month of pregnancy.

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45023

Registration District No. 4401 Registered No. 115

(For use of Local Registrar)

St. Ward

If child is not yet named, make  
supplemental report as directed

## FATHER

## MOTHER

(14) NAME BEFORE  
MARRIAGE

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR  
OR  
RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother  
now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement  
report

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Registrar

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