

Form No. 10. MARGIN RESERVED FOR INDEXING. 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 8.

(1) PLACE OF BIRTH Chester
 County of Ross
 Township of Ross
 Inc. Town of Registration District No. 1107 Registered No. 9
 City of Blackstock (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child John Caldwell { If child is not yet named, make supplemental report as directed
 (3) BOY OR GIRL? B (4) Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH 2 12 1916
 (8) FATHER. (9) FULL NAME John Caldwell (10) PRESENT POSTOFFICE OF FATHER Blackstock SC (11) COLOR OR RACE B (12) AGE AT LAST BIRTHDAY 24 (13) BIRTHPLACE Warfield Co SC (14) NAME BEFORE MARRIAGE Liddie Miles (15) PRESENT POSTOFFICE OF MOTHER Blackstock SC (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 21 (18) BIRTHPLACE Chester Co SC (19) OCCUPATION Housewife (20) Number of children born to mother, including present birth Three (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born at 11 30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Caroline T. McCreary
 (24) State whether Physician or Midwife: Midwife (25) Address of Physician or Midwife: Blackstock SC
 (26) Witness W. Anderson (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 2/26 1916. (28) R. T. Varnado 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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