

Form No. 10. MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH ENFADING INK—THIS IS A PERMANENT RECORD. N. R.—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. McCraw, of Columbia

(1) PLACE OF BIRTH

County of *York*
 Township of *York*
 or
 Inc. Town of
 or
 City of *York* (No.) (For use of Local Registrar)

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

File No.—For State Registrar Only
46240

Registration District No. Registered No. *4*
 (For use of Local Registrar)

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

(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 *Jan 30 1916*
To be answered only in case of Twin or Triplet's (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Manzil Dowling*
 (9) PRESENT POSTOFFICE OF FATHER *York*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *33* (Years)
 (12) BIRTHPLACE *York, S.C.*
 (13) OCCUPATION *Bookkeeper*
 (20) Number of children born to mother, including present birth *1*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Manzil*
 (15) PRESENT POSTOFFICE OF MOTHER *York*
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *32* (Years)
 (18) BIRTHPLACE *York, S.C.*
 (19) OCCUPATION *Bookkeeper*
 (21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Male*, at *York*, S.C., on the date above stated. (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 supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Feb 10 1916 (27) Filed *1916* (28) *D. B. Hill* 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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