

Form No. 10. MARGIN RESERVED FOR BINDING. WHEN 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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Williamburg</i>		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		50726	
Township of <i>Ridgely</i>		Registration District No. <i>4309</i>		Registered No. <i>10</i>	
Inc. Town of		City of		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)			
(2) Full Name of Child. <i>Mary Caroline Hanna</i>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>July 28 1916</i>	
FATHER.			MOTHER.		
(8) FULL NAME <i>Cyrus Hanna</i>			(14) NAME BEFORE MARRIAGE <i>Caroline Paaper</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Cades</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Cades</i>		
(10) COLOR OR RACE <i>Colored</i>			(16) COLOR OR RACE <i>Colored</i>		
(11) AGE AT LAST BIRTHDAY <i>20</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>18</i> (Years)		
(12) BIRTHPLACE <i>Williamburg County</i>			(18) BIRTHPLACE <i>Williamburg County</i>		
(13) OCCUPATION <i>on a farm</i>			(19) OCCUPATION		
(20) Number of children born to mother, including present birth <i>2</i>			(21) Number of children of this mother now living, including present birth <i>2</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>alive</i> at <i>10</i> P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Jamies Gaskins</i>					
(24) State whether Physician or Midwife <i>Midwife</i>					
(25) Address of Physician or Midwife <i>Lee H. 1 Box 66</i>					
Given name added from a supplemental report			(26) Witness <i>Caroline Gaskins</i>		
..... 191.....			(27) Filed <i>Mar 10 1916</i>		
..... Registrar			(28) <i>P. T. 2665</i> 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.