

Form No. 10.

MARGIN RESERVED FOR PRINTING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A CERTIFICATE, NOT A REPORT.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each of them and mark the FIRST-BORN N. No. 1, THE OTHER, N. No. 2, etc., in question 2.

McClary of Columbia.

## (1) PLACE OF BIRTH

County of HoraceTownship of TrousdaleInc. Town of  
or

City of

(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

46237

Registration District No. 2014Registered No. 3

(For use of Local Registrar)

St. St. Ward Ward2) Full Name of Child Henrietta Lee Ray Wilson

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

BOY OR

(4) Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in case of Twins or Triplets

(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at St. St. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Midwife Emma R. Beck

(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 Jan 20 1916

191....

(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 desired of stillbirths before the fifth month of pregnancy.

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