

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.

McCraw, of Columbia.

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

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.)

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

50853

Registration District No. 100 Registered No. 82  
(For use of Local Registrar)

(2) Full Name of Child Walter Paul { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 2 1911</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME George Paul

(9) PRESENT POSTOFFICE OF FATHER Abbeville Co

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 48  
(Years)

(12) BIRTHPLACE Abbeville Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Walter Paul

(15) PRESENT POSTOFFICE OF MOTHER Abbeville Co

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE Abbeville Co

(19) OCCUPATION House Werge

(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 born alive at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Walter Paul

(24) State whether Physician or Midwife X (25) Address of Physician or Midwife Abbeville Co

Given name added from a supplemental report .....

....., 191.....

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Registrar

(26) Witness Walter Paul

Signature of Witness necessary only when question 23 is signed by marks

(27) Filed 3/4 1911 (28) Walter Paul 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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