

Form No. 10.

MARGIN RESERVED FOR BINDING.

WHITE 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.

Cav. of Columbia

(1) PLACE OF BIRTH		COUNTY OF <u>Berkley</u>		TOWNSHIP OF <u>St. Stephens</u>		INC. TOWN OF		CITY OF		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		REGISTRATION DISTRICT NO. <u>706</u>		REGISTERED NO. <u>54</u>	
<p align="center">CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health</p>															
<p align="right">File No.—For State Registrar Only 63269</p>															
<p>(2) Full Name of Child <u>Andrew Brown</u> If child is not yet named, make supplemental report as directed</p>															
(3) BOY OR GIRL? <u>Boys</u>		(4) Twin or Triplet? <u>Twins</u>		(5) Number in order of birth <u>8</u>		(6) Are Parents Married? <u>Yes</u>		(7) DATE OF BIRTH <u>June, 26, 1916</u>		(8) (Name of Month) (Day) (Year)					
FATHER.								MOTHER.							
(9) FULL NAME <u>Edw. Brown</u>								(14) NAME BEFORE MARRIAGE <u>Sarah Alston</u>							
(10) PRESENT POSTOFFICE OF FATHER <u>Wren S.C.</u>								(15) PRESENT POSTOFFICE OF MOTHER <u>Wren S.C.</u>							
(11) COLOR OR RACE <u>Black</u>								(12) AGE AT LAST BIRTHDAY <u>34</u> (Years)							
(13) BIRTHPLACE <u>Berkley Co</u>								(14) BIRTHPLACE <u>Berkley Co</u>							
(15) OCCUPATION <u>Farmer</u>								(16) OCCUPATION <u>House work</u>							
(17) Number of children born to mother, including present birth <u>8</u>								(18) Number of children of this mother now living, including present birth <u>8</u>							
<p align="center">CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p>															
<p>(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>6</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p>															
<p>(23) (Signature) <u>Rebecca Mathews</u></p>															
<p>(24) State whether Physician or Midwife: <u>Midwife</u> (25) Address of Physician or Midwife: <u>Wren S.C.</u></p>															
<p>Given name added from a supplemental report</p>								<p>(26) Witness (Signature of Witness necessary only when question 28 is signed by mark)</p>							
<p>..... 191.....</p>								<p>(27) Filed <u>July 1916</u> (28) <u>J. J. Guinn</u> Local Registrar.</p>							

*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.