

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.

Caw. of Columbia

Wm
M. I

McCaw.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 101 Registered No. 14

File No.—For State Registrar Only

50854

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

(2) Full Name of Child Willie James

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

(3) BOY OR GIRL? Boy	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH March 2 6
FATHER.			MOTHER.	
(8) FULL NAME Willie James			(14) NAME BEFORE MARRIAGE Mary Ann	
(9) PRESENT POSTOFFICE OF FATHER Bonnie D.O.			(15) PRESENT POSTOFFICE OF MOTHER Bonnie D.O.	
(10) COLOR OR RACE Black	(11) AGE AT LAST BIRTHDAY 38	(16) COLOR OR RACE Black	(17) AGE AT LAST BIRTHDAY 33	
(12) BIRTHPLACE Whitfield Co			(13) BIRTHPLACE Whitfield Co	
(18) OCCUPATION Farmer			(19) OCCUPATION Farming & housework	
(20) Number of children born to mother, including present birth 6			(21) Number of children of this mother now living, including present birth 9	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... at ... M., 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

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

(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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