

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.

City of Columbia.

McC

(1) PLACE OF BIRTH
County of Abbeville
Township of Burke
or
Inc. Town of
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
62768

Registration District No. 101 Registered No. 31
(For use of Local Registrar)

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

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 19, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Samuel Jefferson (14) NAME BEFORE MARRIAGE Violet Spence

(9) PRESENT POSTOFFICE OF FATHER McCombs, S.C. (15) PRESENT POSTOFFICE OF MOTHER McCombs, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 53
(Years) (Years)

(12) BIRTHPLACE Abbeville Co. (18) BIRTHPLACE Abbeville Co. S.C.

(13) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at McCombs, S.C. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) M. Green (24) State whether Physician or Midwife Midwife Address of Physician or Midwife McCombs, S.C.

Given name added from a supplemental report

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

(27) Filed July 1, 1916 (28) J. B. Dawson 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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