

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.
 McCraw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lomburg</u>		STATE OF SOUTH CAROLINA		87769	
Township of <u>King</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>4302</u>		Registered No. <u>107</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Erwin Samble</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are <u>yes</u> Parents Married?	(7) DATE BIRTH <u>Nov 6 1914</u>	
To be answered only in case of twins or triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Luke Samble</u>	(14) NAME BEFORE MARRIAGE <u>Susan McClary</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Kingston</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Kingston</u>				
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Lomburg</u>	(18) BIRTHPLACE <u>Lomburg</u>				
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housekeeper</u>				
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>3</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> , at <u>6 A</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Lilly T. Shaw</u>					
(24) State whether Physician or Midwife <u>Midwife</u>			(25) Address of Physician or Midwife <u>Kingston</u>		
Given name added from a supplemental report		(26) Witness <u>Erwin Samble</u>			
..... 191.....		(Signature of Witness necessary only when question 23 is signed by mark)			
..... Registrar		(27) Filed <u>Nov 16 1914</u> (28) <u>B. B. Blackman</u> 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.