

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of *Sumter*

Township of *Providence*

or  
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. *4105*

Registered No. ....  
(For use of Local Registrar)

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

*74903*

(2) Full Name of Child. *John Wilson*

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 *Aug 18 1916*

(Name of Month) (Day) (Year)

### FATHER.

(8) FULL NAME *Arthur Wilson*

(9) PRESENT POSTOFFICE OF FATHER *Providence S.C.*

(10) COLOR OR RACE *Colored*

(11) AGE AT LAST BIRTHDAY *21*

(Years)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farmer*

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

### MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Lou McNight*

(15) PRESENT POSTOFFICE OF MOTHER *Providence S.C.*

(16) COLOR OR RACE *Colored*

(17) AGE AT LAST BIRTHDAY *22*

(Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Domestic*

(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* *10:30 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Harold Chestnut*

(24) State whether Physician or Midwife *Midwife*

(25) Address of Physician or Midwife *Providence S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Aug 27 1916*

(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.