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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
50838

(1) PLACE OF BIRTH
County of Abbeville
Township of .....
or
Inc. Town of .....
or
City of Abbeville
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1-A Registered No. 22 (For use of Local Reistrar)
(No. S Main St.; S Ward)

(2) Full Name of Child Whitfield Dixon McCurry If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? X
(5) Number in order of birth X
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Mar. 23, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Wm Agustus McCurry	(14) NAME BEFORE MARRIAGE Mary Genora Dixon
(9) PRESENT POSTOFFICE OF FATHER Abbeville SC	(15) PRESENT POSTOFFICE OF MOTHER Abbeville SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Lickens Co. SC	(18) BIRTHPLACE Anderson Co. SC
(13) OCCUPATION Mill Land	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth Nine	(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:35 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible] M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Abbeville SC

Given name added from a supplemental report
....., 191....
..... Registrar

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

(27) Filed Mar 24th 1916 (28) T. T. Perrin 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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McCaw, of Columbia.