

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

Caw. of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Marion</u>		STATE OF SOUTH CAROLINA.		46784	
Township of		Bureau of Vital Statistics			
or Inc. Town of <u>Mullins</u>		State Board of Health			
or City of		Registration District No. <u>32 B</u>		Registered No. <u>76</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>Cherry Ann Flowers</u>		If child is not yet named, make supplemental report as directed			
(3) Was OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	
	To be answered only in event of Twins or Triplets		<u>yes</u>	<u>Jan 10 1916</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Joe Flowers</u>			(14) NAME BEFORE MARRIAGE <u>Mary Hays</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Mullins, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mullins, S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Marion Co</u>			(18) BIRTHPLACE <u>Marion Co.</u>		
(13) OCCUPATION <u>Farm Laborer</u>			(19) OCCUPATION <u>Day Laborer</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10 A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Luandis X Smith</u>		(25) Address of Physician or Midwife			
(24) State whether Physician or Midwife <u>Midwife</u>		<u>Mullins, S.C.</u>			
Given name added from a supplemental report		(26) Witness <u>L. E. Rogers</u>			
..... 191.....		(Signature of Witness necessary only when question 23 is signed by party)			
Registrar		(27) Filed <u>2/7/16</u> (28) <u>L. E. Rogers</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.

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