

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 Spartanburg **CERTIFICATE OF BIRTH**  
 County of Spartanburg STATE OF SOUTH CAROLINA.  
 Township of # 3 Bureau of Vital Statistics  
 State Board of Health  
 Inc. Town of ..... Registration District No. 3902 Registered No. 3  
 or (For use of Local Registrar)  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**50351**

(2) Full Name of Child. Mary Ann Corley If child is not yet named, make supplemental report as directed

(3)  BOY or  GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Age of Parents Married? (7) DATE OF BIRTH Feb. 13 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME A. J. Corley  
 (9) PRESENT POSTOFFICE OF FATHER Resville S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Spartanburg  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth } ..... 2 ?

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Amanda Hanna  
 (15) PRESENT POSTOFFICE OF MOTHER Resville S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE Lexington Co  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth } ..... 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Catherine E. Hurdge  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Resville S.C.

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. 1 1916 (28) Walter Deffie Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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.