

Form No. 10.

MARGIN RESERVED FOR BINDING.

WHITE U.S.A. 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 6.

-Cav. of Columbia

W. N. X

McGraw

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>York</u>		STATE OF SOUTH CAROLINA.		58153	
Township of <u>Third Mountain</u>		Bureau of Vital Statistics			
or Inc. Town of		Registration District No. <u>4407</u>		Registered No. <u>48</u>	
or City of		(For use of Local Registrar)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Isaac Alexander Bergant</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>9</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>4 23 6</u>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Alexander Bergant</u>			(14) NAME BEFORE MARRIAGE <u>Jora M. Hill</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Kings Creek</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Kings Creek</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)		
(12) BIRTHPLACE <u>York</u>			(18) BIRTHPLACE <u>York Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>8</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>8 a.m.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P.M.)					
(23) (Signature) <u>[Signature]</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>[Address]</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
191			(27) <u>[Signature]</u> 191.5 (28) <u>[Signature]</u> Local Registrar.		
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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