

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.

City of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Pickens</u>		STATE OF SOUTH CAROLINA.		47146	
Township of <u>Central</u>		Bureau of Vital Statistics		State Board of Health	
Inc. Town of .....		Registration District No. <u>3200</u>		Registered No. <u>5</u>	
City of .....		(No. ....)		(For use of Local Registrar)	
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.; .....		Ward)	
(2) Full Name of Child <u>William J. Dodson</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 6, 1916</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Joe Dodson</u>			(14) NAME BEFORE MARRIAGE <u>Nicholson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Catechee</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Catechee</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u>		
(12) BIRTHPLACE <u>I.C.</u>		(18) BIRTHPLACE <u>I.C.</u>			
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Home wife</u>			
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3</u> <u>0</u> M., on the date above stated. (Born <u>alive</u> or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>H. S. Hodruff</u>					
(24) State where Physician or Midwife			(25) Address of Physician or Midwife		
<u>Physician</u>			<u>Catechee I.C.</u>		
Given name added from a supplemental report					
<u>Also</u> 1916					
<u>C. W. Bearden</u> Registrar					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Feb. 12, 1916</u> (28) <u>J. D. Bearden</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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