

FORM No. 10. MARGIN RESERVED FOR BINDING. WHITE PLAINS, 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

County of Charleston  
 Township of St. James Santee  
 or  
 Inc. Town of Mt. Clellanville  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**45652**

Registration District No. 706 Registered No. 3  
 (For use of Local Registrar)  
 (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jocanna Gethere } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 30</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Leonard Gethere

(9) PRESENT POSTOFFICE OF FATHER Mt. Clellanville

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Charleston Co

(13) OCCUPATION Oyster-getherer

(20) Number of children born to mother, including present birth } 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ida Singleton

(15) PRESENT POSTOFFICE OF MOTHER Mt. Clellanville

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Mt. Clellanville

(19) OCCUPATION Field Hand

(21) Number of children of this mother now living, including present birth } 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9 o'clock a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Pattie Washington  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Mt. Clellanville

Given name added from a supplemental report

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

(27) Filed Jan. 11 1916 (28) Geo. E. Beckman 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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