

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE 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.

(1) PLACE OF BIRTH
County of Sumter
Township of Philok

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

File No. — For State Registrar Only
47559

Inc. Town of Registration District No. 4107 Registered No. 15
(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.)

(2) Full Name of Child Kellie Wesley McFadden If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1 31 6
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Kellie McFadden
(9) PRESENT POSTOFFICE OF FATHER Philok, A C
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Sumter Co SC
(13) OCCUPATION Farming

MOTHER.
(14) NAME BEFORE MARRIAGE Lan Rose
(15) PRESENT POSTOFFICE OF MOTHER Philok SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Sumter Co SC
(19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 1
(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 live at 12 30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lan Rose

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Philok, S.C.

Given name added from a supplemental report

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

(27) Filed 4-5-1916 (28) S B McElven 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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