

FORM NO. 10. MARGIN RESERVED FOR BINDING. WHITING 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
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

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

File No. For State Registrar Only
47559

Registration District No. 4107 Registered No. 15
 (For use of Local Registrar)

(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 1916
To be answered only in event of Twin or Triplet's (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Hillie McFadden
 (9) PRESENT POSTOFFICE OF FATHER Philok, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Sumter Co S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Leah Rose
 (15) PRESENT POSTOFFICE OF MOTHER Philok S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Sumter Co S.C.
 (19) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth 3

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

Given name added from a supplemental report
 _____, 191.....
 _____ Registrar

(26) Witness Wm. Rose
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 275 1916 (28) S. B. McElveen 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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