

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.

Caw. of Columbia

## (1) PLACE OF BIRTH

County of *Berkley*Township of *2<sup>nd</sup> St. John*

Inc. Town of

City of

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only  
65245Registration District No. *703* Registered No. *53*(2) Full Name of Child *Samuel Wilson*

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>June 1 1916</i>
To be answered only in case of twins or triplets			Name of Month (Day) (Year)	
FATHER.			MOTHER.	
(6) FULL NAME <i>Peter Wilson</i>			(14) NAME BEFORE MARRIAGE <i>Maria Washington</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Pinopolis S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Pinopolis S.C.</i>	
(10) COLOR OR RACE <i>Black</i>	(11) AGE AT LAST BIRTHDAY <i>28</i>	(16) COLOR OR RACE <i>Black</i>		
(Years)		(17) AGE AT LAST BIRTHDAY <i>25</i>		
(12) BIRTHPLACE <i>Berkley Co</i>		(18) BIRTHPLACE <i>Berkley Co</i>		
(13) OCCUPATION <i>Farming</i>		(19) OCCUPATION <i>Farming</i>		
(20) Number of children born to mother, including present birth <i>7</i>		(21) Number of children of this mother now living, including present birth <i>3</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *6* *a.m.* on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *Grace E. Bryan*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Pinopolis S.C.*

Given name added from a supplemental report

(26) Witness *R. E. H. ...* (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *June 10 1916* (28) *J. C. Leavin* 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.