

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 8.

(1) PLACE OF BIRTH
 County of Bamberg
 Township of Beauf Bridge
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
48080

(2) Full Name of Child Margaret Louise Martin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or triplet? (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 4, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME D. Pierson Morris
 (9) PRESENT POSTOFFICE OF FATHER Blair S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Bamberg Co.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Addie Mildred Craft
 (15) PRESENT POSTOFFICE OF MOTHER Blair S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Barnwell Co.
 (19) OCCUPATION Housewife & farm laborer
 (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 alive at 1:30 a.m. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.
 (23) (Signature) American Rivers
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Blair S.C.

Given name added from a supplemental report
June 29, 1916
C. W. Martin
Blair S.C. Registrar

(26) Witness Wm. C. Ray
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb. 12, 1916 (28) C. W. Ray 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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