

Form No. 10. MARRIEN RECOMMENDED FOR PRINTING. 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 Marlow
 Township of Red Hill
 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
49917

Registration District No. 3307 Registered No. 15
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <input type="checkbox"/>	(4) Twin or Triplet? <input type="checkbox"/>	(5) Number in order of birth <input type="checkbox"/>	(6) Are Parents Married? <input type="checkbox"/>	(7) DATE OF BIRTH <u>Feb 21 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wm + Kinner</u>			(14) NAME BEFORE MARRIAGE <u>Mary Ann Carter</u>	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <u>Bennettsville</u>	
(10) COLOR OR RACE		(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE			(17) AGE AT LAST BIRTHDAY (Years) <u>19</u>	
(13) OCCUPATION			(18) BIRTHPLACE <u>LR</u>	
(19) OCCUPATION			(19) OCCUPATION <u>Laborer</u>	
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 night M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lester Carter
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blenheim

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 29 1916 (28) R. J. Napier 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.