

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.

Cav. of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Berkely</u>		STATE OF SOUTH CAROLINA.		63242	
Township of <u>St. Johns</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>702</u>		Registered No. <u>37</u>	
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Richard Raper</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 17</u>	(8) (Name of Month) (Day) (Year)
FATHER.		MOTHER.			
(9) FULL NAME <u>Richard Raper</u>		(14) NAME BEFORE MARRIAGE <u>Parah Cooper</u>			
(10) PRESENT POSTOFFICE OF FATHER <u>Gardenville S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Gardenville S.C.</u>			
(11) COLOR OR RACE <u>Negro</u>		(12) AGE AT LAST BIRTHDAY <u>33</u>		(13) COLOR OR RACE <u>Negro</u>	
(14) BIRTHPLACE <u>Berkely S.C.</u>		(15) AGE AT LAST BIRTHDAY <u>30</u>		(16) BIRTHPLACE <u>Berkely S.C.</u>	
(17) OCCUPATION <u>Farmer</u>		(18) OCCUPATION <u>Housewife</u>			
(19) Number of children born to mother, including present birth <u>7</u>		(20) Number of children of this mother now living, including present birth <u>5</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(21) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>4 o'clock A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(22) (Signature) <u>Judy M. Johnson</u>					
(23) State whether Physician or Midwife <u>Midwife</u>					
(24) Address of Physician or Midwife <u>Gardenville S.C.</u>					
Given name added from a supplemental report		(25) Witness <u>J. M. Bagger</u>			
		(26) (Signature of Witness necessary only when question 23 is signed by mark)			
		(27) Filed <u>6-22-1916</u>			
		(28) <u>J. H. Bagger</u> 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.					