

FORM NO. 10. MARGIN RESERVED 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 5.

(1) PLACE OF BIRTH
County of Charleston
Township of Roebuck Creek
Inc. Town of
City of
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
50598

Registration District No. 4106 Registered No. 13
(For use of Local Registrar)

(2) Full Name of Child Donald Cleveland Gary.
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? no (7) DATE OF BIRTH Feb. 19, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Donald Know
(9) PRESENT POSTOFFICE OF FATHER ✓
(10) COLOR OR RACE ✓ (11) AGE AT LAST BIRTHDAY ✓ (Years)
(12) BIRTHPLACE ✓
(13) OCCUPATION ✓
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Ellen Gary
(15) PRESENT POSTOFFICE OF MOTHER Bordown SC
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Sumter Co. SC
(19) OCCUPATION Field Laborer
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Lousia X Sanders
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rembert S.C.
Given name added from a supplemental report 191...
(26) Witness W. C. Hallen (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 29 1916 (28) W. C. Hallen 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.

(Copy from original in file)