

Form No. 10.  
MARGIN RESERVED FOR BUNDLING.  
WHITE 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 Williamsburg STATE OF SOUTH CAROLINA.  
Township of Wauzons Bureau of Vital Statistics  
Inc. Town of ..... Registration District No. 4306 Registered No. 112  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
44970

(2) Full Name of Child Cornelia Brown ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 22</u> 191 <u>5</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Boy Brown</u>			(14) NAME BEFORE MARRIAGE <u>Flora Daniel</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cades S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cades S.C.</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Williamsburg Co. S.C.</u>			(18) BIRTHPLACE	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Williamsburg Co. S.C.</u>	
(20) Number of children born to mother, including present birth { <u>4</u> }			(21) Number of children of this mother now living, including present birth { <u>4</u> }	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 o'clock M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sylvia Burgess

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Cades S.C.

Given name added from a supplemental report

(26) Witness R. C. McCowan

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 24 1915 (28) J. T. Simpson 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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