

Form No. 10. MAIGIN RECEIVED FOR BINDING. 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 York
 Township of Bulluck Creek
 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
15033

(2) Full Name of Child Maggie Belle Hill } 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 9 1914
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Nathaniel Hill
 (9) PRESENT POSTOFFICE OF FATHER Charon, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE York Co. S.C.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Belle Black
 (15) PRESENT POSTOFFICE OF MOTHER Charon, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE York Co. S.C.
 (19) OCCUPATION Housekeeping
 (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 at 1:00 P. M., (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.
 (23) (Signature) John H. Black
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Charon, S.C.

Given name added from a supplemental report 191.....
 Registrar
 (26) Witness J. E. McIlwain (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec. 12 1914 (28) J. E. McIlwain Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before 1 fifth month of pregnancy.
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