

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.

Caw. of Columbia.

(1) PLACE OF BIRTH

County of Lancaster

Township of

or Inc. Town of Lancaster

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Richard M. Shwain

File No.—For State Registrar Only 64966

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 28A

Registered No. 38

(For use of Local Registrar)

St.; Ward

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH June 15 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert M. Shwain

(9) PRESENT POSTOFFICE OF FATHER Lancaster SC

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Pleasant Hill St

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Barnes

(15) PRESENT POSTOFFICE OF MOTHER Lancaster

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Lancaster SC

(19) OCCUPATION house wife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 4:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary G. Witherspoon

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

Given name added from a supplemental report

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

(27) Filed 6/15 1916 (28) J. S. Thomas 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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