

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.

City of Columbia

McCaw

(1) PLACE OF BIRTH  
 County of Abbeville  
 Township of Abbeville  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... SL; ..... 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  
**50848**

(2) Full Name of Child Laura Edwone Truitt } If child is not yet named, make supplemental report as directed

(3) <input checked="" type="checkbox"/> BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/> X	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <input checked="" type="checkbox"/> Yes	(7) DATE OF BIRTH <u>March 4 1911</u> <small>(Name of Month) (Day) (Year)</small>
(8) FATHER. (9) FULL NAME <u>William Truitt</u>		(10) PRESENT POSTOFFICE OF FATHER <u>Abbeville Sc</u>		
(10) COLOR OR RACE <u>Cel</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(14) NAME BEFORE MARRIAGE <u>Leola Prusse</u>		
(12) BIRTHPLACE <u>Abbeville S</u>	(13) OCCUPATION <u>Farmer</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S</u>		
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>	(16) COLOR OR RACE <u>Cel</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Abbeville S</u>
		(19) OCCUPATION <u>House wife</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) J. J. Prusse

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

Given name added from a supplemental report  
 ..... 191...  
 Registrar

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

(27) Filed 3/12 191... (28) J. J. Prusse 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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