

FORM No. 10. MARK IN 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. McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Georgetown STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of J. H. Six
 or
 Inc. Town of Registration District No. 2105 Registered No. 40
 or
 City of (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
64419

(2) Full Name of Child Bulah Edith Grier 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>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 10, 1916</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Joseph B Grier</u>	(14) NAME BEFORE MARRIAGE <u>Walthie Tyler</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Petersfield</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Petersfield</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u>	
(12) BIRTHPLACE <u>Georgetown Co</u>	(18) BIRTHPLACE <u>Georgetown Co</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House wife</u>			
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 8 o'clock P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) D. S. Brantley, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Petersfield S.C.

Given name added from a supplemental report
 _____, 191...
 _____ Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 25, 1916 (28) J. H. Mc Cracken 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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