

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. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Georgetown
 Township of # 6
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
64419

Registration District No. 2105 Registered No. 40
 (For use of Local Registrar)

(2) Full Name of Child Bulah Edith Grier If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 10, 1916
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Joseph B Grier
 (9) PRESENT POSTOFFICE OF FATHER Petersfield
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Georgetown Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth Three

MOTHER
 (14) NAME BEFORE MARRIAGE Walthie Tyler
 (15) PRESENT POSTOFFICE OF MOTHER Petersfield
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Georgetown Co
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth Three

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. L. 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. L. Mc Craiken 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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