

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.

McCraw, of Columbia.

(1) PLACE OF BIRTH

County of Abbeville
Township of Abbeville
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

50844

Registration District No. 100 Registered No. 91
(For use of Local Registrar)

(2) Full Name of Child Wm. Russell Lenard } 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 1 (6) Are Parents Married? No (7) DATE OF BIRTH March 25 1916
(Name of Month) (Day) (Year)

FATHER.
(3) FULL NAME Samuel Lenard
(9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Abbeville, S.C.
(13) OCCUPATION Tanner
(20) Number of children born to mother, including present birth One

MOTHER.
(14) NAME BEFORE MARRIAGE Morgan Frances Traver
(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Abbeville, S.C.
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. H. Jones
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wm. Russell Lenard, Abbeville, S.C.

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

(26) Witness J. H. Jones
(Signature of Witness necessary only when question 23 is signed by midwife)
(27) Filed Apr 6 1916 (28) Wm. Russell 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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