

FORM NO. 10. MARGIN RESERVED FOR BINDING. 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 N. No. 1. THE OTHER, No. 2, etc., in question 5. McCAY of Columbia.

(1) PLACE OF BIRTH  
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

County of Union  
 Township of Pinebluff  
 Inc. Town of .....  
 or .....  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**44897**

Registration District No. 174 Registered No. 151  
 (For use of Local Registrar)

(2) Full Name of Child Armed. Wils. Dr. B. B. B. B. If child is not yet named, make supplemental report as directed

|                                       |   |   |   |  |
|---------------------------------------|---|---|---|--|
| (3) BOY OR GIRL? <u>boy</u>           | (4) Twin or Triplet? <u>No</u><br><small>To be answered only in case of Twins or Triplets</small> | (5) Number in order of birth                        | (6) Are Parents Married? <u>yes</u>   | (7) DATE OF BIRTH <u>Sept 19 1914</u><br><small>(Name of Month) (Day) (Year)</small> |
| FATHER.                               |   |   | MOTHER.   |  |
| (8) FULL NAME <u>Russell B. B. B.</u> | (14) NAME BEFORE MARRIAGE <u>Ada Gault</u>  | (9) PRESENT POSTOFFICE OF FATHER <u>Kelton S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Kelton S.C.</u>                                | (17) AGE AT LAST BIRTHDAY <u>26</u><br><small>(Years)</small>                        |
| (10) COLOR OR RACE <u>White</u>       | (11) AGE AT LAST BIRTHDAY <u>30</u><br><small>(Years)</small>                                     | (12) BIRTHPLACE <u>Union Co.</u>                    | (16) COLOR OR RACE <u>White</u>   | (18) BIRTHPLACE <u>Union Co.</u>   |
| (13) OCCUPATION <u>Farmer</u>         | (20) Number of children born to mother, including present birth <u>2</u>                          | (19) OCCUPATION <u>housewife</u>                    | (21) Number of children of this mother now living, including present birth <u>3</u> |  |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was alive, at 3:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. E. Wheeler  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Kelton S.C.

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 1914 (28) D. J. Ballman Local Registrar

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