

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
Registrar

(1) PLACE OF BIRTH

County of L. P. Bluffville
Township of Bowland
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
50856

Registration District No. 10 Registered No. 12
(For use of Local Registrar)
City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.) No. 12 St. 12 Ward

(2) Full Name of Child M. M. L. Lee Armstrong 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 March 29 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wm. H. Armstrong
(9) PRESENT POSTOFFICE OF FATHER M. Connick R.F.D.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48 (Years)
(12) BIRTHPLACE Greenville S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 4th

MOTHER.
(14) NAME BEFORE MARRIAGE Minnie Jordan
(15) PRESENT POSTOFFICE OF MOTHER M. Connick
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE Greenville
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was live, at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. W. Cheatham, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
M. W. Cheatham, 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 18 1916 (28) J. B. Dawson 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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