

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.

Caw. of Columbia

WR

N. 1

McCaw.

(1) PLACE OF BIRTH

County of *P. Phillips*
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
50856Registration District No. *12* Registered No. *12*
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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* 191*6*
(Name of Month) (Day) (Year)

FATHER.

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Minnie Jordan*
(15) PRESENT POSTOFFICE OF MOTHER *Mr. 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 *14 W. Meek 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* 191*6* (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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