

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.

Law. of Columbia.

(1) PLACE OF BIRTH

County of *Berkley*  
Township of *2nd St. Johns*  
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  
**63251**

Registration District No. *703* Registered No. *59*  
(For use of Local Registrar)

(2) Full Name of Child. *Sylviana Hamilton* } If child is not yet named, make supplemental report as directed

(3) Sex of GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *No* (7) DATE OF BIRTH *June 20, 1916*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Charles Ferguson*  
(9) PRESENT POSTOFFICE OF FATHER *Pinopolis, S.C.*  
(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *20* (Years)  
(12) BIRTHPLACE *Berkley Co.*  
(13) OCCUPATION *Farming*  
(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE *Cloris Hamilton*  
(15) PRESENT POSTOFFICE OF MOTHER *Pinopolis, S.C.*  
(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *15* (Years)  
(18) BIRTHPLACE *Berkley Co.*  
(19) OCCUPATION  
(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *1 P.* M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *Grace E. Bryan*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
*Midwife Pinopolis S.C.*

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

(26) Witness *R. E. Lanier* (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed *June 22, 1916* (28) *McLain* 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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