

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.

Saw. of Columbia.

(1) PLACE OF BIRTH

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

Inc. Town of

City of

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

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?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *No*(7) DATE OF BIRTH *June 20, 1916*
(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 *Eloise 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

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 L. Bryan*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Pinopolis, S.C.*

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *June 23, 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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