

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.

(1) PLACE OF BIRTH

County of Darlington, S.C.

Township of Marblehead

or
Inc. Town of

or
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

46005

Registration District No. 150.7

Registered No. 7

(For use of Local Registrar)

St.: Ward)

(2) Full Name of Child Franklin Lunan

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> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Saturday Jan 16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>John Lunan</u>			(14) NAME BEFORE MARRIAGE <u>Lullia Glegge</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Darlington S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Darlington S.C.</u>	
(10) COLOR OR RACE <u>Caucasian</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Caucasian</u>		
(12) BIRTHPLACE		(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>		
(13) OCCUPATION			(18) BIRTHPLACE	
(19) OCCUPATION			(19) OCCUPATION	
(20) Number of children born to mother, including present birth <u>Three</u> <u>3</u>			(21) Number of children of this mother now living, including present birth <u>Three</u> <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Maria B. Boat

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 16 1916 (28)

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.

fifth month of pregnancy.