

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. McCraw of Columbia

(1) PLACE OF BIRTH

County of Darlington, S.C. **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of Martha'sville  
 or  
 Inc. Town of ..... Registration District No. 1507 Registered No. 7  
 or  
 City of ..... (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
461115

(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?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Saturday Jan 16 1916</u> (Name of Month) (Day) (Year)
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>Caucas</u>	(11) AGE AT LAST BIRTHDAY (Years) <u>24</u>	(16) COLOR OR RACE <u>Caucas</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>28</u>	
(12) BIRTHPLACE		(18) BIRTHPLACE		
(13) OCCUPATION		(19) OCCUPATION		
(20) Number of children born to mother, including present birth <u>three 3</u>		(21) Number of children of this mother now living, including present birth <u>three 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 Beatt  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness John Lunan  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 16 1916 (28) E. A. Early  
 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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