

FORM NO. 10. MARGIN RESERVED FOR BINDING.

WHITE 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.

SCAV. of Columbia.

(1) PLACE OF BIRTH
 County of Charleston STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of James Island
 or
 Inc. Town of Registration District No. 904 Registered No. 112
 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
88835

(2) Full Name of Child. Rozena Lafayette. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? G. (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 8 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Jimmie Lafayette
 (9) PRESENT POSTOFFICE OF FATHER James Island
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE James Island
 (13) OCCUPATION house carpenter
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Clara Smalls
 (15) PRESENT POSTOFFICE OF MOTHER James Island
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE James Island
 (19) OCCUPATION house wife
 (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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) X. Ellen Jones
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 21 Charleston St.

Given name added from a supplemental report
 191.
Leor Seabrook
Local Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec. 16 1916 (28) R. F. Campbell 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.