

Form No. 10. MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCauley of Columbia.

17-00000

McCaw, of Columbia.

McCaw,

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		STATE OF SOUTH CAROLINA.	
County of <u>Beaufort</u>		Bureau of Vital Statistics		State Board of Health	
Township of <u>St. Johns</u>		Registration District No. <u>604</u>		Registered No. <u>21</u>	
or Inc. Town		(No.)		(For use of Local Registrar)	
or City of <u>Mexico</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.; Ward)	
(2) Full Name of Child <u>Sam Atkins</u>				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 <u>7</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 9, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Peter Atkins</u>			(14) NAME BEFORE MARRIAGE <u>Angeline Rine</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Mexico</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mexico</u>		
(10) COLOR OR RACE <u>Negro</u>			(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)		
(12) BIRTHPLACE <u>Ladies Isd. S.C.</u>			(16) COLOR OR RACE <u>Negro</u>		
(13) OCCUPATION <u>Farmer</u>			(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)		
(20) Number of children born to mother, including present birth <u>Seven</u>			(21) Number of children of this mother now living, including present birth <u>Seven</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>5</u> a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Ellen L. Mitchell, midwife</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>Mexico</u>					
(26) Witness <u>M. J. Spencer</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>2/10/16</u> (28) <u>Geo. H. Crocker</u> Registrar 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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