

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. McCaw of Columbia. McCaw.

(1) PLACE OF BIRTH  
 County of Beaufort  
 Township of St. Aless  
 or  
 Inc. Town Mexus &c  
 or  
 City of Mexus &c  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. 604 Registered No. 21  
 (For use of Local Registrar)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
48182

(2) Full Name of Child Sam Atkins } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 9 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Peter Atkins  
 (9) PRESENT POSTOFFICE OF FATHER Mexus &c  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Years)  
 (12) BIRTHPLACE Ladies Island S.C.  
 (13) OCCUPATION Farmer

MOTHER.  
 (14) NAME BEFORE MARRIAGE Angeline Rivers  
 (15) PRESENT POSTOFFICE OF MOTHER Mexus  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)  
 (18) BIRTHPLACE Dathaw Island S.C.  
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth Seven (21) Number of children of this mother now living, including present birth Seven

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 5 a. m. on the date above stated. (Born alive or stillborn) (Hour, A. M., or P. M.)  
 (23) (Signature) Ellen M. Mitchell, midwife  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Mexus &c

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) M. J. J. J. J.  
 (27) Filed 2/10 1916 (28) Geo R Crocker 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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