

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.

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

(1) PLACE OF BIRTH  
 County of Marion  
 Township of Pratts  
 Inc. Town of ..... Registration District No. 3205 Registered No. 192  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
46804

(3) <del>BOY</del> <input checked="" type="checkbox"/> <del>Girl</del>	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 10 6</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Claude Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Uwelda Hodge</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Mullin S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mullin S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Marion Co.</u>			(18) BIRTHPLACE <u>Marion Co.</u>	
(13) OCCUPATION <u>Day Laborer</u>			(19) OCCUPATION <u>Housework</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

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

(22) I hereby certify that I attended the birth of this child, who was born alive 11:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. H. Hay

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
midwife, Mullin S.C.

Given name added from a supplemental report

(26) Witness J. E. Rogers  
 (Signature of Witness necessary only when question 23 is signed by parent)

(27) Filed 1/28 1916 (28) J. E. Rogers 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.

\*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.