

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.

Caw. of Columbia.

McCaw.

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

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

File No.—For State Registrar Only
46804

Registration District No. 3205 Registered No. 192
 (For use of Local Registrar)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Foster Johnson

(3) ~~BOY~~ Girl (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 10 6
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Claude Johnson
 (9) PRESENT POSTOFFICE OF FATHER Mullin S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Marion Co.
 (13) OCCUPATION Day Laborer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Uwelda Hodge
 (15) PRESENT POSTOFFICE OF MOTHER Mullin S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Marion Co.
 (19) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 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 birth)

(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.

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