

FORM NO. 10. MARGIN RESERVED FOR INDEXING.
 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.
 McCaw, of Columbia

(1) PLACE OF BIRTH
 County of Anderson
 Township of Walter
 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
52542

Registration District No. 2400 Registered No. 37
 (For use of Local Registrar)
 (No. _____ St.; _____ Ward)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 19</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Lewis Brant</u>			(14) NAME BEFORE MARRIAGE <u>Robert Edwards</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Warnerville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Warnerville</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY _____ (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY _____ (Years)	<u>19</u>
(12) BIRTHPLACE <u>Warner</u>			(18) BIRTHPLACE <u>Warnerville</u>	
(13) OCCUPATION <u>Steam mill</u>			(19) OCCUPATION <u>Farming</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. J. ...

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Warnerville

Given name added from a supplemental report
 _____, 1916
 Registrar

(26) Witness W. M. ...
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 20 1916. (28) Mrs. W. D. Vincent 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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