

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.

(1) PLACE OF BIRTH
County of Sumter
Township of Stateburg

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

File No.—For State Registrar Only
44841

Inc. or Town of Registration District No. 4109 Registered No. 113
(For use of Local Registrar)
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. Adeline Welle } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 30 (6) Are Parents Married? no (7) DATE OF BIRTH Dec. 25 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Pinkney
(15) PRESENT POSTOFFICE OF MOTHER Wahell, S. C. #1
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY (Years) 24
(18) BIRTHPLACE South Carolina
(19) OCCUPATION Farm laborer
(21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 2 o'clock P.M.,
(born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Phillie M. Durant
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Wahell, S. C. #1

Given name added from a supplemental report

(26) Witness Benjamin Sandus
(Signature of witness necessary only when question 25 is signed by mark)

(27) Filed Jan 5 1915 (28) Ben Sandus 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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