

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Marion</u>		STATE OF SOUTH CAROLINA.		46785	
Township of .....		Bureau of Vital Statistics			
or Inc. Town of <u>Mullins</u>		State Board of Health			
City of .....		Registration District No. <u>3213</u>		Registered No. <u>74</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Paul L. Smith Jr.</u>		If child is not yet named, make supplemental report as directed			
(3) <u>BOY</u> OR <u>GIRL</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	(8) NAME OF MONTH (Day) (Year)
<u>BOY</u>			<u>Yes</u>	<u>Jan. 21</u>	<u>1916</u>
FATHER.			MOTHER.		
(9) FULL NAME <u>Paul L. Smith</u>			(14) NAME BEFORE MARRIAGE <u>Mary Ellabee</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Mullins, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mullins, S.C.</u>		
(16) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(12) BIRTHPLACE <u>Marion Co.</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(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>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 <u>Leamling 220 A</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Amey T. Hayes</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>midwife Mullins, S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>L. E. Hagan</u> (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191.....			(27) Filed <u>1/28/16</u> (28) <u>L. E. Hagan</u> Local Registrar.		
..... 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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