

Form No. 10. MARGIN RESERVED FOR BINDING. 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. **CERTIFICATE OF BIRTH**  
 County of Union STATE OF SOUTH CAROLINA.  
 Township of Boysarsville Bureau of Vital Statistics  
 State Board of Health  
 File No.—For State Registrar Only  
87637  
 or Town of Bluffton Registration District No. #2 R Registered No. 80  
 (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 Allen Beasle { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Nov 24 1916</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME _____		(14) NAME BEFORE MARRIAGE <u>Monie Beasle</u>		
(9) PRESENT POSTOFFICE OF FATHER _____		(15) PRESENT POSTOFFICE OF MOTHER <u>Buffalo, S.C.</u>		
(10) COLOR OR RACE <u>Black</u>		(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY _____ (Years)		(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(12) BIRTHPLACE _____		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION _____		(19) OCCUPATION <u>Domestic</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 alive at 2:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Temple Green  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Buffalo, S.C.

Given name added from a supplemental report \_\_\_\_\_  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_ Registrar  
 (26) Witness \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov 30 1916 (28) W. L. Woodward 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.