

Form No. 10. MARGIN RESERVED FOR FINDING. 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.

McGaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Union</u>		STATE OF SOUTH CAROLINA		87697	
Township of <u>Boysville</u>		Bureau of Vital Statistics			
or Town of <u>Bluffton</u>		State Board of Health			
City of		Registration District No. <u>#2 R</u>		Registered No. <u>80</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>St.</u> Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Allen Beale</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <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>May 24 1916</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME			(14) NAME BEFORE MARRIAGE <u>Monie Beale</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 (Years) <u>18</u>		
(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 <u>alive</u> at <u>2:30 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Temple Green</u>					
(24) State whether Physician or Midwife <u>midwife</u> (25) Address of Physician or Midwife <u>Buffalo, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
191... Registrar			(27) Filed <u>Nov 30 1916</u> (28) <u>W. L. Woodward</u> 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.