

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.

Sav. of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Marion</u>		STATE OF SOUTH CAROLINA.		46788	
Township of		Bureau of Vital Statistics			
Inc. Town of <u>Mullin</u>		State Board of Health			
City of		Registration District No. <u>32 B</u>		Registered No. <u>76</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		City of <u>Laurel</u> St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Robert Wesley Bay</u> { If child is not yet named, make supplemental report as directed					
(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 20 1906</u>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>John W. Hay</u>			(14) NAME BEFORE MARRIAGE <u>Mary Love</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Mullin S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mullin S.C.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Marlboro Co. S.C.</u>			(18) BIRTHPLACE <u>Marion Co. S.C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> <u>4</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. H. Smith</u>					
(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Mullin S.C.</u>					
Given name added from a supplemental report					
<u>John W. Hay</u> 101.6					
<u>Wm. Mullin</u> Registrar					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>1/25/06</u> (28) <u>Geo. Rogers</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.

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