

Form No. 10. MARGIN RESERVED FOR INDEXING.
 WRITING PLAINLY, WITH UNDERSTANDING THAT 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
 County of Trayce
 Township of McMillan
 or
 Inc. or Town of Gray Registration District No. 2011 Registered No. 51
 or
 City of Gray (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, the name of same instead of street and number.) St.; Ward)

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

File No.—For State Registrar Only
46232

(2) Full Name of Child Moses McAlister If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1, 12, 6
To be answered only in case of Twins or Triplets (Name of Month) (Year)

FATHER
 (8) FULL NAME Moses McAlister
 (9) PRESENT POSTOFFICE OF FATHER Gray
 (10) COLOR Black (11) AGE AT LAST BIRTHDAY 29
 RACE Negro (Years)
 (12) BIRTHPLACE SS
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 7

MOTHER
 (14) NAME BEFORE MARRIAGE Messie Frank
 (15) PRESENT POSTOFFICE OF MOTHER Gray
 (16) COLOR Negro (17) AGE AT LAST BIRTHDAY 31
 RACE Negro (Years)
 (18) BIRTHPLACE SS
 (19) OCCUPATION Dom
 (21) Number of children of this mother now living, including present birth 51

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Gray, Trayce Co., S. C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature Laura Flowers
 (24) State whether Physician or Midwife (25) Signature of Midwife Midwife

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness W. H. Garrison
 (Signature of Witness necessary only when question 23 is signed by a midwife)
 (27) Filed 191..... (28) 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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