

FORM NO. 10.

MARGIN RESERVED FOR BINDING G.

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. McCaw, of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of *Cherokee* STATE OF SOUTH CAROLINA.
 Township of *W. P. Star* Bureau of Vital Statistics
 or State Board of Health
 Inc. Town of Registration District No. *1206* Registered No. *87*
 or (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.)

File No.—For State Registrar Only
76389

(2) Full Name of Child *Jean Watson* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Feb. 11, 1916</i> (Name of Month) (Day) (Year)
---------------------------------	---	------------------------------	--	---

FATHER.

(8) FULL NAME *Jim Hugh*

(9) PRESENT POSTOFFICE OF FATHER *P*

(10) COLOR OR RACE *B* (11) AGE AT LAST BIRTHDAY *60* (Years)

(12) BIRTHPLACE *Cherokee*

(13) OCCUPATION *Labourer*

(20) Number of children born to mother, including present birth { *1* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Maggie Keatah*

(15) PRESENT POSTOFFICE OF MOTHER *Pageland SC*

(16) COLOR OR RACE *b* (17) AGE AT LAST BIRTHDAY *37* (Years)

(18) BIRTHPLACE *Dorchester*

(19) OCCUPATION *Hom. wife*

(21) Number of children of this mother now living, including present birth { *1* }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *Ann Jones*

(24) State whether Physician or Midwife *mid wife* (25) Address of Physician or Midwife *Pageland*

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

(26) Witness *Jim Hugh*
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *10-10-6* 191..... (28) *J. E. Cato*
 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.