

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.

(1) PLACE OF BIRTH  
County of Wayne  
Township of North  
or  
Inc. Town of .....  
or  
City of .....  
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. .... Registered No. 51  
(For use of Local Registrar)  
St.: ..... Ward)  
(2) Full Name of Child Margaret Louise If child is not yet named, make supplemental report as directed

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

File No.—For State Registrar Only  
**44878**

(3) BOY OR GIRL? <u>1</u>	(4) Twin or triplet? <u>No</u>	(5) Number in order of birth <u>9</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Dec 25 1916</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>Reuben Fisher</u>				(14) NAME BEFORE MARRIAGE <u>Margaret Louise</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Lawrence</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Lawrence</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Lawrence</u>		(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)		
(13) OCCUPATION <u>Lawrence</u>		(18) BIRTHPLACE <u>Lawrence</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(19) OCCUPATION <u>Lawrence</u>		
(21) Number of children of this mother now living, including present birth <u>1</u>		(22) 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 ..... at ..... M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.  
(23) (Signature) Margaret Louise  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lawrence

Given name added from a supplemental report ..... 191.....  
Registrar  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Margaret Louise  
(27) Filed Dec 25 1916 (28) Margaret Louise 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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