

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH		COUNTY OF <u>Lynchburg</u>		TOWNSHIP OF <u>King</u>		INC. TOWN OF		CITY OF		STATE OF SOUTH CAROLINA.		BUREAU OF VITAL STATISTICS		STATE BOARD OF HEALTH		FILE NO.—FOR STATE REGISTRAR ONLY	
																87111	
																4302	
																Registered No. 110	
																(For use of Local Registrar)	
																St. Ward	
																(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
																(2) Full Name of Child. <u>Ella Washington</u>	
																If child is not yet named, make supplemental report as directed	
																(3) BOY OR GIRL <u>Girl</u>	
																(4) Twin or Triplet? <u>No</u>	
																(5) Number in order of birth <u>1</u>	
																(6) Are Parents Married? <u>Yes</u>	
																(7) DATE OF BIRTH <u>Nov 18 1914</u>	
																(Name of Month) (Day) (Year)	
																FATHER.	
																(8) FULL NAME <u>Ben Washington</u>	
																(9) PRESENT POSTOFFICE OF FATHER <u>Fowler</u>	
																(10) COLOR OR RACE <u>Negro</u>	
																(11) AGE AT LAST BIRTHDAY <u>34</u>	
																(12) BIRTHPLACE <u>Lynchburg</u>	
																(13) OCCUPATION <u>Farmer</u>	
																(20) Number of children born to mother, including present birth <u>7</u>	
																MOTHER.	
																(14) NAME BEFORE MARRIAGE <u>Minnie Graham</u>	
																(15) PRESENT POSTOFFICE OF MOTHER <u>Fowler</u>	
																(16) COLOR OR RACE <u>Negro</u>	
																(17) AGE AT LAST BIRTHDAY <u>27</u>	
																(18) BIRTHPLACE <u>Lynchburg</u>	
																(19) OCCUPATION <u>Housekeeper</u>	
																(21) Number of children of this mother now living, including present birth <u>5</u>	
																CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
																(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>H. A. M.</u>	
																(Born alive or stillborn) (Hour A. M. or P. M.)	
																(23) (Signature) <u>Satyrus C. Calhoun</u>	
																(24) State whether Physician or Midwife <u>Midwife</u>	
																(25) Address of Physician or Midwife <u>Fowler</u>	
																(26) Witness <u>Ben Washington</u>	
																(Signature of Witness necessary only when question 23 is signed by mark)	
																(27) Filed <u>Nov 21 1914</u>	
																(28) <u>B. B. Calhoun</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.