

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.

City of Columbia

(1) PLACE OF BIRTH
County of *Charleston*
Township of *James Isd*
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. *904* Registered No. *101*
(For use of Local Registrar)
St.; Ward
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
80647

(2) Full Name of Child *Arthur Amalle*
(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth
(6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Oct. 22, 1916*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Daniel Amalle*
(9) PRESENT POSTOFFICE OF FATHER *James Island*
(10) COLOR OR RACE *Blk* (11) AGE AT LAST BIRTHDAY *25*
(12) BIRTHPLACE *Jas Isd*
(13) OCCUPATION *Farmer*
(14) NAME BEFORE MARRIAGE *Emma Chisler*
(15) PRESENT POSTOFFICE OF MOTHER *Jas. Isd*
(16) COLOR OR RACE *Blk* (17) AGE AT LAST BIRTHDAY *23*
(18) BIRTHPLACE *Jas Isd*
(19) OCCUPATION *House wife*
(20) Number of children born to mother, including present birth
(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *6 A.M.*
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) *Margaret G. Carr*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
Isabel
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mar.)
(27) Filed *Oct 23, 1916* (28) *R. H. Ginn* 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.

K O D A K