

Form No. 10.

MARGIN RESERVED FOR INDEXING.

WHITE 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 *Spirtaundung*
Township of

or
Inc. Town of

City of *Spirtaundung*
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
66139

Registration District No. *40-a* Registered No. *227*
(For use of Local Registrar)

(2) Full Name of Child *Sarah Alberta Boyer* If child is not yet named, make supplemental report as directed

(3) ~~BOY~~ OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH *June 6* 191*6*
Name of Month (Day) (Year)

FATHER.

(8) FULL NAME *George Washington Boyer*
(9) PRESENT POSTOFFICE OF FATHER *Spirtaundung*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *31* (Years)
(12) BIRTHPLACE *Saluda County*
(13) OCCUPATION *Freight hand*
(14) Number of children born to mother, including present birth *Two (2)*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Justice*
(15) PRESENT POSTOFFICE OF MOTHER *Spirtaundung*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *32* (Years)
(18) BIRTHPLACE *North Carolina*
(19) OCCUPATION *Wife*
(20) Number of children of this mother now living, including present birth *Two (2)*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *1:30 A. M.* on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *W. W. Boyer*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician *Spirtaundung, S.C.*

Given name added from a supplemental report

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Registrar

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

(27) Filed *July 6* 191*6* (28) *Gas Coper* 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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