

Form No. 10. MARGIN RESERVED FOR BINDING. 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 McCaw, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Lancaster STATE OF SOUTH CAROLINA.
Township of Marionville Bureau of Vital Statistics
or Inc. Town of State Board of Health
or City of Registration District No. 28.06
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. For State Registrar Only
56485

Registered No. 34
(For use of Local Registrar)

(2) Full Name of Child

| | | | | |
|--|--|---------------------------------------|---|---|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>No</u> <small>Is it supposed only in case of twins or triplets?</small> | (5) Number in order of birth <u>4</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>April 20 1916</u> <small>(Name of Month) (Day) (Year)</small> |
| FATHER | | | MOTHER | |
| (8) FULL NAME <u>Newton Bryant</u> | | | (14) NAME BEFORE MARRIAGE <u>Ada Payer</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Kershaw SC</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Kershaw SC</u> | |
| (10) COLOR OF RACE <u>White</u> | | | (16) COLOR OF RACE <u>White</u> | |
| (11) AGE AT LAST BIRTHDAY <u>46</u> <small>(Years)</small> | | | (17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small> | |
| (12) BIRTHPLACE <u>Lancaster Co</u> | | | (18) BIRTHPLACE <u>Lancaster Co</u> | |
| (13) OCCUPATION | | | (19) OCCUPATION <u>Housewife</u> | |
| (20) Number of children born to mother, including present birth <u>4</u> | | | (21) Number of children of this mother now living, including present birth <u>4</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mary J. Payer

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

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed May 10 1916 (28) Ed. H. Hammond
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.

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.