

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.

Cav. of Columbia.

McGraw.

(1) PLACE OF BIRTH

County of AbbevilleTownship of Goodlandor
Inc. Town ofor
City of

(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

50857

Registration District No. 101 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child James Daniel Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 19</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME James Brown

(9) PRESENT POSTOFFICE OF FATHER M^cComick

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 3
(Years)

(12) BIRTHPLACE Abbeville County

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Rompsen

(15) PRESENT POSTOFFICE OF MOTHER M^cComick

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE Abbeville Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7 2 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. W. Cheatham(24) State what or Physician or Midwife (25) Address of Physician or Midwife
M^cComick, S. C.

Given name added from a supplemental report

(26) Witness W. L. Cheatham
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 191 (28) B. L. Wilson
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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