

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.

Mc

(1) PLACE OF BIRTH
County of Beaufort
Township of Hiltonhead
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
63200

Registration District No. 602 Registered No. 15
(For use of Local Registrar)

(2) Full Name of Child Julia Reed

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 16 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Abram Reed
(9) PRESENT POSTOFFICE OF FATHER Hiltonhead S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Johnson
(15) PRESENT POSTOFFICE OF MOTHER Hiltonhead S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Farm Laborer
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Kara W. G. G. G.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hiltonhead S.C.

Given name added from a supplemental report

(26) Witness W. D. Brown
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 17 1916 (28) W. D. Brown 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.

A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.