

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.

(1) PLACE OF BIRTH

County of Windsor

Township of Remy

City of Windsor

City of Windsor

(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

44948

Registration District No. 4302 Registered No. 89

(For use of Local Registrar)

(2) Full Name of Child Lillian A. Todd 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 8 1911

FATHER.

(8) FULL NAME Isaac Todd

(9) PRESENT POSTOFFICE OF FATHER Windsor

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE Windsor

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Sula Todd

(15) PRESENT POSTOFFICE OF MOTHER Windsor

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Windsor

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) R. O. A. Johnson

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

Given name added from a supplemental report

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

(27) Filed Dec 11 1911 (28) B. B. Johnson 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.