

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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Washington

Township of Swift Creek

or
Inc. Town of

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

46014

Registration District No. 151 Registered No.

(For use of Local Registrar)

(2) Full Name of Child Lannis Mack { 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 Jan 30 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eugene Mack
(9) PRESENT POSTOFFICE OF FATHER Washington RI
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Washington Co
(13) OCCUPATION Farmer labor
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Booker
(15) PRESENT POSTOFFICE OF MOTHER Washington RI
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Washington Co
(19) OCCUPATION house wife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:12 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mariam F. Davis

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Washington RI

Given name added from a supplemental report

(26) Witness P. E. Lee (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 31 1916 (28) E. A. Early 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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