

Form No. 10.

WRI  
M. B.  
McCaw.

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.

J. Caw. of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Millon</u>		STATE OF SOUTH CAROLINA.		48832	
Township of <u>Millon</u>		Bureau of Vital Statistics			
Inc. Town of <u>Millon</u>		State Board of Health			
City of <u>Millon</u>		Registration District No. <u>16-a</u>		Registered No. <u>1</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Evelyn Margaret Walker</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 14, 1916</u>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Thos. Jeff. son. Walker</u>			(14) NAME BEFORE MARRIAGE <u>Cora Cameron</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Millon S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Millon S.C.</u>		
(10) COLOR OF RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>53</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>Texas</u>		
(13) OCCUPATION <u> lumber Business</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>2 a.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Dr. Muckham</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Physician Millon S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191.....			(27) Filed <u>Jan 28</u> 1916. (28) <u>Dr. Muckham</u> Local Registrar.		
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.

Registrar I

Local Registrar.

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