

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.

WRI
N. B.

McCaw,

(1) PLACE OF BIRTH
 County of Willow
 Township of Marion
 OF
 Inc. Town of Willow or
 City of _____ (No. _____ St.; _____ Ward)
 (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
48882

(2) Full Name of Child Evelyn Margaret Walker child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 14 1916
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Thos. Jefferson Walker
 (9) PRESENT POSTOFFICE OF FATHER Willow St.
 (10) COLOR OF RACE white (11) AGE AT LAST BIRTHDAY 53 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Lumber Business
 (20) Number of children born to mother, including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Cora Cameron
 (15) PRESENT POSTOFFICE OF MOTHER Willow St.
 (16) COLOR OR RACE _____ (17) AGE AT LAST BIRTHDAY 40 (Years)
 (18) BIRTHPLACE Texas
 (19) OCCUPATION Housewife
 (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 born alive at _____ on the date above stated. (Hour A. M. or P. M.) 7 A.

(23) (Signature) D. M. Muckhart

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

Physician Willow St.

Given name added from a supplemental report

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

(27) Filed Jan 25 1916. (28) D. M. Muckhart 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.

Registrar

Local Registrar.

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