

Form No. 10.

MARGIN RESERVED FOR BINDING.

WR

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. 1

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.

City of Columbia

McCaw,

(1) PLACE OF BIRTH

County of RichmondTownship of GreenInc. Town of GreenCity of Green

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Elizabeth M. Hines

File No.—For State Registrar Only

50855

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 1 Registered No. 13

(For use of Local Registrar)

(3) BOY OR GIRL Girl(4) Twin or Triplet? No(5) Number in order of birth 1

To be answered only in event of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 23

(Name of Month) (Day) (Year)

(8) FULL NAME Joe D. Hines

FATHER

(14) NAME BEFORE MARRIAGE Princess M. Hines

MOTHER

(9) PRESENT POSTOFFICE OF FATHER Green R7A(15) PRESENT POSTOFFICE OF MOTHER Green R7A(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22

(Years)

(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 22

(Years)

(12) BIRTHPLACE Green Co(18) BIRTHPLACE Green Co(13) OCCUPATION Farmer(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4(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 at Green 4 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. Hines(24) State whether Physician or Midwife (25) Address of Physician or Midwife Green R7A

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov. 23 1910(28) W. O. Dawson

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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