

Form No. 10.

W.F. N. B.

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH ENLARGING INK--THIS IS A REVISION OF FORM NO. 10, N. B.--IN CASE OF TWINS OR TRIPLETS USE A SEPARATE CARD FOR EACH CHILD, IN ORDER OF BIRTH, OF WHICH THE FIRST-BORN, NO. 1, OF THE OTHER, NO. 2, ETC., IN QUESTION 5.

McCAW, C. C. Registrar

(1) PLACE OF BIRTH  
County of Florence  
Township of Effingham  
or  
the Town of .....  
or  
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  
45137

Registration District No. 2004 Registered No. 3  
(For use of Local Registrar)

2) Full Name of Child Mataka Abner } If child is not yet named, make supplemental report as directed

(3) <del>BOY</del> OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <small>(Name of Month) (Day) (Year)</small>
		<u>4</u>	<u>yes</u>	<u>Jan. 26, 1915</u>
FATHER.			MOTHER.	
(8) FULL NAME	<u>Mataka Abner</u>		(9) NAME BEFORE MARRIAGE	<u>Rossie Thomas</u>
(10) PRESENT POSTOFFICE OF FATHER	<u>Effingham S.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER	<u>Effingham S.C.</u>
(12) COLOR OR RACE	(13) AGE AT LAST BIRTHDAY	<u>Color</u> <u>29</u> <small>(Years)</small>	(14) COLOR OR RACE	(15) AGE AT LAST BIRTHDAY
<u>Color</u>	<u>29</u>		<u>Color</u>	<u>24</u> <small>(Years)</small>
(16) BIRTHPLACE	<u>Effingham</u>		(17) BIRTHPLACE	<u>Florence S.C.</u>
(18) OCCUPATION	<u>farmer</u>		(19) OCCUPATION	<u>farmer</u>
(20) Number of children born to mother, including present birth	<u>5</u>		(21) Number of children of this mother now living, including present birth	<u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Larkin Robert Effingham S.C.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife

Given name added from a supplemental report  
..... 191.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 30 1915 (28) D. O. Nece 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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