

Form No. 10.

W. E.
N. B.

McCaw, J. C. Registrar

MARGIN RESERVED FOR BINDING. THIS IS A PREPARED FORM. IT IS NOT TO BE USED FOR THE RECORDING OF BIRTHS. IT IS TO BE USED FOR THE RECORDING OF BIRTHS. IT IS TO BE USED FOR THE RECORDING OF BIRTHS.

(1) PLACE OF BIRTH

County of

Township of

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.)

2) Full Name of Child

Malaka Abner

File No. For State Registrar Only

45197

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

2004

Registered No.

3

(For use of Local Registrar)

St.; Ward)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan. 26, 1915

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Malaka Abner

(9) NAME BEFORE MARRIAGE

Rossie Thomas

(10) PRESENT POSTOFFICE OF FATHER

Effingham S.C.

(11) PRESENT POSTOFFICE OF MOTHER

Effingham S.C.

(12) COLOR OR RACE

Color

(13) AGE AT LAST BIRTHDAY

29

(14) COLOR OR RACE

Color

(15) AGE AT LAST BIRTHDAY

24

(16) BIRTHPLACE

Jefferson

(17) BIRTHPLACE

Florence S.C.

(18) OCCUPATION

Farmer

(19) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

5

(21) Number of children of this mother now living, including present birth

3

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.

(23) (Signature)

Larkin Pickett, Effingham S.C.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

(26) Given name added from a supplemental report

(27) Witness

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

(28) Filed

Jan 30 1915

(29)

D. B. Steele

Local Registrar

REGISTRAR

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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