

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 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Albany

Township of Laurel

Inc. Town of Scranton

City of Scranton

(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

55845

Registration District No. 2009 Registered No. 41

(For use of Local Registrar)

(2) Full Name of Child Moran Steward Bailey If child is not yet named, make supplemental report as directed

(3) SEX OR <u>Male</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 12 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>M. Bailey</u>		(14) NAME BEFORE MARRIAGE <u>Marie Lane</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Scranton</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Scranton</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Darlington</u>		(18) BIRTHPLACE <u>Darlington Co.</u>		
(13) OCCUPATION <u>Auto Mechanic</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</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 Born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Chapman

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

Given name added from a supplement-
tal report

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

(27) Filed 4/24/16 (28) R. L. Carter
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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