

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.

J. Caw, of Columbia.

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH
 County of Charleston STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of St. Andrews State Board of Health
 or
 Inc. Town of Registration District No. P.O. 9 Registered No. 12
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
76134

(2) Full Name of Child Moses Waring { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sep. 15-6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Samuel Waring

(9) PRESENT POSTOFFICE OF FATHER Johns Island

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE St Andrews

(13) OCCUPATION Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE ella

(15) PRESENT POSTOFFICE OF MOTHER Johns Island

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE St Andrews

(19) OCCUPATION Housewife

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

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) Rebecca Brown

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

Midwife | Johns Island

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

 Registrar

(26) Witness J. Simpson
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct. 6 1916 (28) L. B. Linshaw
 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.