

(1) PLACE OF BIRTH  
 County of Richland STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of LOWER  
 or  
 Inc. Town of Lopham Registration District No. 3803 Registered No. 164  
 or  
 City of Lopham (No. 3803) (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same, instead of street and number) St.; P.; Ward)

File No.—For State Registrar Only  
**66066**

(2) Full Name of Child Tony Cole If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</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>June 7 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Cole</u>	(14) NAME BEFORE MARRIAGE <u>Aula Neil</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Lopham</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lopham</u>			
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Lopham</u>	(18) BIRTHPLACE <u>Lopham</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Mary E. ...

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lopham S.C.

Given name added from a supplemental report

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

(27) Filed 6/10 1916 (28) F. W. Smith  
 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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MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY, WITH LEADING 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.  
 McCaw, of Columbia.

FORM NO. 10.