

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 8.

Cay of Columbia.

## (1) PLACE OF BIRTH

County of MarlboroTownship of Red Hill

Inc. Town of .....

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

49912

Registration District No. 3317 Registered No. 19

(For use of Local Registrar)

(2) Full Name of Child Lorena Majors { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 15 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joe Majors(9) PRESENT POSTOFFICE OF FATHER Blacksburg(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Marlboro(13) OCCUPATION Lumber(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Rena McFar(15) PRESENT POSTOFFICE OF MOTHER Blacksburg(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Marlboro(19) OCCUPATION Laborer(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 6 Marlboro, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. J. ...

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

Marlboro Blacksburg

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 24 1916 (28) L. E. Majors 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.