

Form No. 10.

MARGIN RESERVED FOR INDEXING.
 WHITE 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.

McGraw-Hill of Columbia

(1) PLACE OF BIRTH
 County of Martin
 Township of Steele
 or
 Inc. Town of
 or
 City of (No. St.: Ward)
 (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
49852

Registration District No. 3207 Registered No. 7
 (For use of Local Registrar)
 2) Full Name of Child Phillis Samuel { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH— <u>Feb 1 1916</u> (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets				
FATHER.			MOTHER.	
(8) FULL NAME <u>Enoch Samuel</u>			(14) NAME BEFORE MARRIAGE <u>Samuel</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Peedee St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Peedee St</u>	
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>	
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Martin Co. Sc</u>			(18) BIRTHPLACE <u>Martin Co. Sc</u>	
(13) OCCUPATION <u>Public Work</u>			(19) OCCUPATION <u>Laundress</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Wm. Adams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Med wife Peedee St

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 26 is signed by mark)

(27) Filed Feb 10 1916 (28) B. F. Dill 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.