

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE 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.

(1) PLACE OF BIRTH  
 County of Williamsburg  
 Township of Monrovia  
 or  
 Inc. Town of ..... Registration District No. 4306 Registered No. 109  
 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  
**44973**

(2) Full Name of Child William David Outborn 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 case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 15</u> 191 <u>5</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>James H Outborn</u>			(14) NAME BEFORE MARRIAGE <u>Martha Ann Bates</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cades</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cades S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>41</u> (Years)		
(12) BIRTHPLACE <u>Williamsburg Co. S.C.</u>			(18) BIRTHPLACE <u>Williamsburg Co. S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House wife</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>8</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Mrs. Elmer McElhannon  
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Cades S.C.

Given name added from a supplemental report

(26) Witness R. C. McElhannon  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 24 1915 (28) L. T. Harrison 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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