

Form No. 10.

MARGIN RESERVED FOR BINDING. WITH UNFADING INK—THIS IS A PREPARED FORM. ORDER.

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.

(1) PLACE OF BIRTH		COUNTY OF <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		BUREAU OF VITAL STATISTICS		STATE BOARD OF HEALTH		FILE NO.—FOR STATE REGISTRAR ONLY	
Township of <u>11</u>		Inc. Town of <u>Knopps</u>		Registration District No. <u>2008</u>		Registered No. <u>368</u>					
City of <u>(No. St.; Ward)</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)									
(2) Full Name of Child <u>Franklin M. Longest</u>											
(3) BOY OR GIRL? <u>B</u>		(4) Twin or Triplet? <u>Yes</u>		(5) Number in order of birth <u>1</u>		(6) Are Parents Married? <u>Yes</u>		(7) DATE OF BIRTH <u>Mar. 8, 1915</u>			
To be answered only in case of Twins or Triplets											
FATHER.						MOTHER.					
(8) FULL NAME <u>Franklin M. Longest</u>						(14) NAME BEFORE MARRIAGE <u>Miss Nally</u>					
(9) PRESENT POSTOFFICE OF FATHER <u>Knopps S.C.</u>						(15) PRESENT POSTOFFICE OF MOTHER <u>Knopps S.C.</u>					
(10) COLOR OR RACE <u>W</u>						(16) COLOR OR RACE <u>W</u>					
(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)						(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)					
(12) BIRTHPLACE <u>N.C.</u>						(18) BIRTHPLACE <u>S.C.</u>					
(13) OCCUPATION <u>Mill hand</u>						(19) OCCUPATION <u>House wife</u>					
(20) Number of children born to mother, including present birth <u>6</u>						(21) Number of children of this mother now living, including present birth <u>6</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE											
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11 P.M.</u> on the date above stated. (Hour A. M. or P. M.)											
(23) (Signature) <u>J. A. Martin</u>											
(24) State whether Physician or Midwife (25) Address of Physician or Midwife											
Given name added from a supplemental report						(26) Witness (Signature of Witness necessary only when question 23 is signed "M.")					
191.....						(27) F.B. <u>Dec 1915</u> (28) <u>E. H. Parker</u> Local Registrar.					
Register											

*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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