

Form No. 10.

MARRIAGES REGISTERED FOR CONSUMMATION

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N. 1

MAILED PLACES, WITH EXPIRING INDEMNITIES IS A SEPARATE PLANK for each of the first-born, No. 1, THE OTHER, No. 2, etc. in question 5.

McCaw, 22

## (1) PLACE OF BIRTH

County of Greenland

Township of .....

or  
Inc. Town of .....or  
City of Greenville

(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

42941

Registration District No. 25 Registered No. 459

(For use of Local Registrar)

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 3 1915</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME  
Robert Henry(9) PRESENT POSTOFFICE OF FATHER  
Greenville(10) COLOR OR RACE  
Colored (11) AGE AT LAST BIRTHDAY  
25 (Years)(12) BIRTHPLACE  
Greenville S.C.(13) OCCUPATION  
Common Laborer(14) Number of children born to mother, including present birth  
Two

## MOTHER.

(15) NAME BEFORE MARRIAGE  
Marion Henry(16) PRESENT POSTOFFICE OF MOTHER  
Greenville(17) COLOR OR RACE  
Colored (18) AGE AT LAST BIRTHDAY  
25 (Years)(19) BIRTHPLACE  
Greenville S.C.(20) OCCUPATION  
Housewife(21) Number of children of this mother now living, including present birth  
Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Julia Waters(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Cedar Lane Road

Given name added from a supplemental report

....., 191.....

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Registrar

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

(27) Filed Dec 3 1915 (28) E. 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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