

FORM No. 10.

MARGIN RESERVED FOR BINDING.

WHILE 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

McCraw, of Columbia

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
45716

(1) PLACE OF BIRTH
County of Charoche
Township of Loudinville
OF
Inc. Town of
OF
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1002 Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child Nathaniel Smith } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>Jan 19</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Jim Smith</u>	(14) NAME BEFORE MARRIAGE <u>Kinney Smith</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Wilkinsonville #1</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wilkinsonville, S.C. #1</u>	(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>62</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Charoche Co., S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Charoche Co., S.C.</u>	(19) OCCUPATION <u>House Tender</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 alive at 7 P.M. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Janice H. Foster
(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Wilkinsonville, S.C. #1

Given name added from a supplemental report
....., 191.....
..... Registrar

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

(27) Filed Jan 24, 1916 (28) A. D. Little, MD
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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