

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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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<p>(1) PLACE OF BIRTH</p> <p>County of <u>Charleston</u></p> <p>Township of <u>Lyonsville</u></p> <p>Inc. Town of _____</p> <p>City of _____</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>				<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA.</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p>45716</p>
<p>Registration District No. <u>1002</u> Registered No. <u>8</u></p> <p>(For use of Local Registrar)</p>				<p>Sl.; _____ Ward</p>		
<p>(2) Full Name of Child <u>Nathanial Smith</u></p>				<p>If child is not yet named, make supplemental report as directed</p>		
<p>(3) BOY OR GIRL? <u>Boy</u></p>	<p>(4) Twin or Triplet?</p>	<p>(5) Number in order of birth</p>	<p>(6) Are <u>yes</u> Parents Married?</p>	<p>(7) DATE OF BIRTH <u>Jan. 19</u></p> <p>(Name of Month) (Day) (Year)</p>		
<p>FATHER.</p>			<p>MOTHER.</p>			
<p>(8) FULL NAME <u>Jim Smith</u></p>			<p>(14) NAME BEFORE MARRIAGE <u>Kinney Smith</u></p>			
<p>(9) PRESENT POSTOFFICE OF FATHER <u>Wilkinsville, S.C. #1</u></p>			<p>(15) PRESENT POSTOFFICE OF MOTHER <u>Wilkinsville #1</u></p>			
<p>(10) COLOR OR RACE <u>Black</u></p>			<p>(16) COLOR OR RACE <u>Black</u></p>			
<p>(11) AGE AT LAST BIRTHDAY <u>62</u></p> <p>(Years)</p>			<p>(17) AGE AT LAST BIRTHDAY <u>29</u></p> <p>(Years)</p>			
<p>(12) BIRTHPLACE <u>Charleston, S.C.</u></p>			<p>(18) BIRTHPLACE <u>Charleston, S.C.</u></p>			
<p>(13) OCCUPATION <u>Farmer</u></p>			<p>(19) OCCUPATION <u>House Tender</u></p>			
<p>(20) Number of children born to mother, including present birth <u>1</u></p>			<p>(21) Number of children of this mother now living, including present birth <u>1</u></p>			
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p>						
<p>(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>7 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p>						
<p>(23) (Signature) <u>James H. Porter</u></p>						
<p>(24) State whether Physician or Midwife <u>Midwife</u></p>						
<p>(25) Address of Physician or Midwife <u>Wilkinsville, S.C. #1</u></p>						
<p>Given name added from a supplemental report _____, 191____</p>			<p>(26) Witness <u>Maude Bratton</u></p> <p>(Signature of Witness necessary only when question 23 is signed by mark)</p>			
<p>_____, 191____</p> <p>Registrar</p>			<p>(27) Filed <u>Jan 24</u>, 191<u>6</u> (28) <u>A. D. Little</u> Local Registrar.</p>			

*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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