

Form No. 10  
 STATE OF SOUTH CAROLINA  
 BUREAU OF VITAL STATISTICS  
 STATE BOARD OF HEALTH

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.  
 S. Caw, of Columbia.

(1) PLACE OF BIRTH

County of Sumter  
 Township of Mayesville  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (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  
 44769

(2) Full Name of Child James Johnson

Registered No. 107  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 2 1918  
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Jim Johnson  
 (9) PRESENT POSTOFFICE OF FATHER Mayesville  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE Mayesville  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1/2

(14) NAME BEFORE MARRIAGE Mother Cooper  
 (15) PRESENT POSTOFFICE OF MOTHER Mayesville  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE Mayesville  
 (19) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Rose Hampton  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Mayesville, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 5 1918 (28) West Jones  
 Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.

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