

Form No. 10.

MARGIN RESERVED FOR PRINTING
WHITE PLAIN, WITH UNFOLDING TABS FOR A RECORD

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT for each child, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc. in question 2.
McGaw, of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 1888	
County of <u>Georgetown</u>		Registration District No. <u>210.1</u>		Registered No. <u>53</u>	
Township of <u>no 2</u>		City of <u>no 2</u>		(For use of Local Registrar)	
Inc. Town of _____ or _____ City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. _____) St. _____ Ward _____ (If child is not yet named, make supplemental report as directed)			
2) Full Name of Child <u>Morris McIerea</u>					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 4</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Ben McIerea</u>			(14) NAME BEFORE MARRIAGE <u>Gina Odum</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Somerset D.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Somerset D.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		
(12) BIRTHPLACE <u>Somerset D.C.</u>			(18) BIRTHPLACE <u>Somerset D.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>8:30</u> A.M. (Born alive or stillborn) (Hour) (A. M. or P. M.) on the date above stated. (23) (Signature) <u>Agner Singleton</u> (24) State whether Physician or Midwife <u>midwife</u> (25) Address of Physician or Midwife <u>Somerset D.C.</u>					
Given Name added from a supplemental report _____ _____ _____ Registrar			(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed _____ (28) <u>W. A. Porter</u> 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.