

FORM No. 10. MARGIN RESERVED FOR BINDING. WRITE 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. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of *Williamsburg*  
 Township of *Mouzon*

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

File No.—For State Registrar Only  
 47651

Inc. Town of ..... Registration District No. *4, S. O. 6*. Registered No. *5*  
 (For use of Local Registrar)  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Meditia Eva Mouzon* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>To be answered only in case of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Jan 1st 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Court C Mouzon*

(9) PRESENT POSTOFFICE OF FATHER *Mouzon S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *34* (Years)

(12) BIRTHPLACE *Williamsburg Co S.C.*

(13) OCCUPATION *Farming*

(20) Number of children born to mother, including present birth } *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Edna O Thomas*

(15) PRESENT POSTOFFICE OF MOTHER *Mouzon S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)

(18) BIRTHPLACE *Williamsburg Co S.C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth } *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born* at *10 o'clock P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Sarah Fleming*

(24) State whether Physician or Midwife } *Midwife* (25) Address of Physician or Midwife } *Mouzon S.C.*

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

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

(27) Filed *Jan 17 1916* (28) *J. T. Linn* 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.