

Form No. 10. MARGIN RESERVED FOR INDEXING. 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.

McCauley, of Columbia.

(1) PLACE OF BIRTH  
County of C. Jones  
Township of Cherokee  
or  
Inc. Town of ..... Registration District No. 1000 1/2  
or  
City of ..... (No. .... St.; .... Ward)  
(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  
**45708**

(2) Full Name of Child John Franklin Hill { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 2 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME John Hill  
(9) PRESENT POSTOFFICE OF FATHER Grover N.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Years)  
(12) BIRTHPLACE York Co S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth { ..... 6 .....

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Blanch Curry  
(15) PRESENT POSTOFFICE OF MOTHER Grover N.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE Cherokee 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 alive at ..... 1:30 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia M. McCallister  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Grover N.C.

(Given name added from a supplemental report)

Julia M. McCallister 1916  
Registrar

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

(27) Filed Jan 10 1916 (28) M. C. Hamblin 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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