

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 Greenville  
Township of Dundlin  
or  
Inc. Town of  
or  
City of

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

File No.—For State Registrar Only  
12906

Registration District No. 205 Registered No. 56  
(For use of Local Registrar)

(2) Full Name of Child William David Blake (No. 1)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
St.: \_\_\_\_\_ Ward: \_\_\_\_\_  
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. 14 1915  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Willie Blake  
(9) PRESENT POSTOFFICE OF FATHER # 269 Sweeney St. Greenville, S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)  
(12) BIRTHPLACE Dixie Co. Dundlin Township  
(13) OCCUPATION Common Laborer  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Maggie Moore  
(15) PRESENT POSTOFFICE OF MOTHER # 269 Sweeney St. Greenville, S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE Dixie Co. Dundlin Township  
(19) OCCUPATION Laborer  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Knight, M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Honea Path, S.C.

Give name added from a supplemental report  
W.D.B.  
Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 14 1915 (28) C. I. Smith 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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