

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH ENFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of *Charles ton*  
 Townshp of *W. A. Santee*  
 or  
 Inc. Town of *McCaw*  
 or  
 City of .....

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

File No.—For State Registrar Only

45654

Registration District No. *906* Registered No. *5*  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.: ..... Ward)

(2) Full Name of Child *Nellie Sallie Brown*

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

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

(8) FULL NAME *Jack Brown*

(9) PRESENT POSTOFFICE OF FATHER *Santee*

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *22*  
(Years)

(12) BIRTHPLACE *Santee*

(13) OCCUPATION *Farm Laborer*

(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Roselee J. J. J. J.*

(15) PRESENT POSTOFFICE OF MOTHER *Santee*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *18*  
(Years)

(18) BIRTHPLACE *Santee*

(19) OCCUPATION *Farm 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 *born alive* at ..... *9 P. M.*,  
 on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Betsey J. J. J.*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Santee*

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

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

(27) Filed *Jan. 13 1916* (28) *Geo. E. Beckman*  
 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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