

Form No. 10. MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH FADING 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.

(1) PLACE OF BIRTH
 County of Bolton
 Township of Wesley
 or
 Inc. Town of
 City of

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

File No.—For State Registrar Only
45932

Registration District No. 1409 Registered No. 10
 (For use of Local Registrar)
 (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 Lilly Adeline Reed { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan., 30 1916
To be answered only in event of Twins or Triplets (Same of Month) (Day) (Year)

FATHER.

3) FULL NAME Charley Reed
 (4) PRESENT POSTOFFICE OF FATHER W. Bow. S. C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE Bolton S. C.
 (13) OCCUPATION Log cutter
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca King
 (15) PRESENT POSTOFFICE OF MOTHER W. Bow. S. C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE Bolton S. C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Charley Reed
 (24) State whether Physician or Midwife: (25) Address of Physician or Midwife W. Bow. S. C.

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 Feb. 11 1916 (28) Wm. L. Parryett 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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