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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
46789

(1) PLACE OF BIRTH

County of Marion

Township of .....

or

Inc. Town of Mullins. Registration District No. 32 B. Registered No. 69
(For use of Local Registrar)

or

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

(3) ~~BOY OR~~ GIRL? | (4) Twin or Triplet? | (5) Number in order of birth (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? yes | (7) DATE OF BIRTH Jan. 2, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME John Small	(14) NAME BEFORE MARRIAGE Rosa Small
(9) PRESENT POSTOFFICE OF FATHER Mullins. S.C.	(15) PRESENT POSTOFFICE OF MOTHER Mullins. S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE South Carolina	(18) BIRTHPLACE Conway. S.C.
(13) OCCUPATION Day Laborer	(19) OCCUPATION Day Laborer
(20) Number of children born to mother, including present birth 1	(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 4 a. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Dollie X. Woodberry

(24) State whether Physician or Midwife: Midwife | (25) Address of Physician or Midwife: Mullins. S.C.

Given name added from a supplemental report

....., 191...

..... Registrar

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

(27) Filed 1/5 1916 (28) R. T. Wagner 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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