

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.

Cav. of Columbia

(1) PLACE OF BIRTH

County of BerkleyTownship of 2nd St. Johns

Inc. Town of

City of

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

(2) Full Name of Child Rosa Read(3) BOY OR GIRL? 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 Feb 19 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edw. T. Read(9) PRESENT POSTOFFICE OF FATHER Moncks Corner S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE

Berkley Co.

(13) OCCUPATION

Farming

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Brown(15) PRESENT POSTOFFICE OF MOTHER Moncks Corner S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE

Berkley Co.

(19) OCCUPATION

Farming

(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 11 A. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Martha Read

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

Midwife Moncks Corner S.C.

Given name added from a supplemental report

(26) Witness Marshall C. Cain (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 28 1916 (28) S. C. Cain 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.

A CHILD BREATHEs even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48198

Registration District No. 703 Registered No. 21

(For use of Local Registrar)