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
45717

(1) PLACE OF BIRTH
County of Cherokee
Township of Goudisville
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1102 Registered No. 9 (For use of Local Reistrar)

(2) Full Name of Child Ernest Howard George Washington Byers 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	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets		Yes	Jan. (Name of Month) 18 (Day) 1916 (Year)

FATHER.	MOTHER.
(8) FULL NAME Jake Byers	(14) NAME BEFORE MARRIAGE Fronie A. Littlejohn
(9) PRESENT POSTOFFICE OF FATHER Wilkinsville S.C. #1	(15) PRESENT POSTOFFICE OF MOTHER Wilkinsville S.C. #1
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Cherokee Co S.C.	(18) BIRTHPLACE Cherokee Co S.C.
(13) OCCUPATION Farming	(19) OCCUPATION Hauke Keeper
(20) Number of children born to mother, including present birth 7	(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 (Born alive or stillborn) at 6 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Jane Hoover Midwife

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Wilkinsville S.C. #1

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

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

(27) Filed Jan. 28, 1916 (28) A. L. Teale M.D. 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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McCaw, of Columbia