

FORM NO. 10. MARGIN RESERVED FOR FILING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. WRITE PLAINLY. 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 3. McCaw of Columbia, S. C.

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

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

File No.—For State Registrar Only
45030

Registration District No. 4407 Registered No. 78
 (For use of Local Registrar)

(2) Full Name of Child Aubrey Cass Plexico } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy **(4) Twin or Triplet?** _____ **(5) Number in order of birth** 2 **(6) Are Parents Married?** yes **(7) DATE BIRTH—** (Name of Month) (Day) (Year) Nov. 21, 1915

FATHER.

(8) FULL NAME Robert Luther Plexico
(9) PRESENT POSTOFFICE OF FATHER Sharon, S. C.
(10) COLOR OR RACE White **(11) AGE AT LAST BIRTHDAY** 26 (Years)
(12) BIRTHPLACE York, Co.
(13) OCCUPATION Merchant
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Blanche Roberta Cass
(15) PRESENT POSTOFFICE OF MOTHER Sharon, S. C.
(16) COLOR OR RACE White **(17) AGE AT LAST BIRTHDAY** 26 (Years)
(18) BIRTHPLACE York, Co.
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive **at** _____ **(Hour A. M. or P. M.)** 9:50 A. M.
on the date above stated. (Born alive or stillborn)

(23) (Signature) Charles C. Burruss, M.D.
(24) State whether Physician or Midwife Physician **(25) Address of Physician or Midwife** Sharon, S. C.

Given name added from a supplemental report _____
(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Nov 30 1915 **(28)** _____ **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.