

FORM NO. 10. MARGIN RESERVED FOR FILING. 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 attach the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of York
Township of Broad River
or
Inc. Town of Sharon
or
City of _____

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)

St.; _____ Ward)

(2) Full Name of Child

Aubrey Caro 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 Nov. 21 1915
(Name of Month) (Day) (Year)

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 Caro

(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.)
on the date above stated.

(23) (Signature)

Charles C. Burruss

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Sharon, 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 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.

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