

Form No. 10.

MARGIN RESERVED FOR BINDING.

WR
N. E

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.

McCaw,
Caw. of Columbia.

(1) PLACE OF BIRTH
 County of Marion
 Township of Reems
 or
 Inc. Town of Registration District No. 3205 Registered No. 195
 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
46802

(2) Full Name of Child Charnee Boatwright 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 1
 (6) Are Parents Married? yes
 (7) DATE OF BIRTH Jan 30 1916
To be answered only in event of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.
 (3) FULL NAME Ruben Boatwright
 (9) PRESENT POSTOFFICE OF FATHER Mullins S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Marion Co.
 (13) OCCUPATION Day Laborer
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Julia Owens
 (15) PRESENT POSTOFFICE OF MOTHER Mullins S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Marion Co.
 (19) OCCUPATION Day Laborer
 (21) Number of children of this mother now living, including present birth 2

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) 4 (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Margaret X. Mullins
 (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 J. E. Progers
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 2/7 1916 (28) J. E. Progers 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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