

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. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Lee

Township of Bestville

or
Inc. Town of

or
City of (No. of 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

90691

Registration District No. 2000 Registered No. 137
(For use of Local Registrar)

(2) Full Name of Child Jamsiel Boon { 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 24 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ben Boon

(9) PRESENT POSTOFFICE OF FATHER Bestville S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Lee Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte Mack

(15) PRESENT POSTOFFICE OF MOTHER Bestville

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Lee Co

(19) OCCUPATION Home Duties

(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 at 10 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) John Washington

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bestville S.C.

Given name added from a supplemental report

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Registrar

(26) Witness Mrs. N. J. Laney
(Signature of witness necessary only when question 23 is signed by mark)

(27) Filed Dec 26 1916 (28) Mrs. N. J. Laney 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.