

MARGIN RESERVED FOR BINDING.

Form No. 10.

WHILE 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.
McGraw-Hill of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Charleston</i>		STATE OF SOUTH CAROLINA.		80632	
Township of <i>Church</i>		Bureau of Vital Statistics			
Inc. Town of <i>Parish</i>		State Board of Health			
City of _____		Registration District No. <i>901</i>		Registered No. <i>4/3</i>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <i>Henry Garland</i>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Oct. 31</i>	<i>1916</i>
		To be answered only in case of twins or triplets		(Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <i>Louise Garland</i>			(14) NAME BEFORE MARRIAGE <i>Louise Gracie K.</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>W.A. Pleasant & Co</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>W.A. Pleasant & Co</i>		
(10) COLOR OR RACE <i>negro</i>	(11) AGE AT LAST BIRTHDAY <i>23</i>	(16) COLOR OR RACE <i>negro</i>	(17) AGE AT LAST BIRTHDAY <i>17</i>		
(12) BIRTHPLACE <i>Church Church Parish</i>		(18) BIRTHPLACE <i>Church Church Parish</i>			
(13) OCCUPATION <i>Farming</i>		(19) OCCUPATION <i>Farming</i>			
(20) Number of children born to mother, including present birth <i>1</i>		(21) Number of children of this mother now living, including present birth <i>1</i>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>alive</i> at <i>6</i> <i>8</i> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Midwife</i>		(24) State whether Physician or Midwife <i>Midwife</i>			
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
191		(27) Filed <i>yes</i> 191 (28) <i>W.A. Pleasant & Co</i> 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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