

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.

City of Columbia

McGraw

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		12994	
Township of <u>Durham</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>2205</u>		Registered No. <u>84</u>	
(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 <u>Charles Noel Estes</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet?	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 3</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>Clarence Eugene Estes</u>		(14) NAME BEFORE MARRIAGE <u>Lidia Burton</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Barksdale, D.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Barksdale, D.C.</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>30</u>	(16) COLOR OR RACE <u>white</u>		(17) AGE AT LAST BIRTHDAY <u>29</u>	
(12) BIRTHPLACE <u>Usille Co. Durham Township</u>		(18) BIRTHPLACE <u>Laurens Co. D.C.</u>			
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>3</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1:30 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>J. P. Knight, M.D.</u>					
(24) State whether Physician or Midwife. Address of Physician or Midwife <u>RD 205 Home Park D.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
191		(27) Filed <u>8-11-15</u> (28) <u>C. E. Smith</u> Local Registrar			
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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