

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.

Cav. of Columbia.

(1) PLACE OF BIRTH

County of GreenvilleTownship of Tobaccoor
Inc. Town ofCity of
(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

77381

Registration District No. 1305Registered No. 48

(For use of Local Registrar)

(2) Full Name of Child

Cornie Carter

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Sept 17</u> 191 <u>6</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Sallie Carter</u>			(14) NAME BEFORE MARRIAGE <u>Sallie Martin</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wadey, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wadey, S.C.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(12) BIRTHPLACE <u>Greenwood, S.C.</u>			(18) BIRTHPLACE <u>Greenwood, S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</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>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)(23) (Signature) Charles W. Williams
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness E. H. Brown
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9/30 1916. (28) E. H. Brown 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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