

FORM NO. 10. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH ENLARGING 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.

(1) PLACE OF BIRTH, **CERTIFICATE OF BIRTH**
County of Anderson **STATE OF SOUTH CAROLINA.**
Township of **Bureau of Vital Statistics**
State Board of Health
Inc. Town of Registration District No. 43 Registered No. 1113
(For use of Local Registrar)
City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
44982

(2) Full Name of Child } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>.....</u>	(4) Twin or Triplet? <u>.....</u> <small>Indicate answer only in case of twins or triplets</small>	(5) Number in order of birth <u>.....</u>	(6) Are Parents Married? <u>.....</u>	(7) DATE OF BIRTH <u>.....</u> 191- (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>.....</u>			(14) NAME BEFORE MARRIAGE <u>.....</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>.....</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>.....</u>	
(10) COLOR OR RACE <u>.....</u>	(11) AGE AT LAST BIRTHDAY <u>.....</u> (Years)	(16) COLOR OR RACE <u>.....</u> (17) AGE AT LAST BIRTHDAY <u>.....</u> (Years)		
(12) BIRTHPLACE <u>.....</u>			(18) BIRTHPLACE <u>.....</u>	
(13) OCCUPATION <u>.....</u>			(19) OCCUPATION <u>.....</u>	
(20) Number of children born to mother, including present birth <u>.....</u>			(21) Number of children of this mother now living, including present birth <u>.....</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191-
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 191-
(28) 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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