

Form No. 10. **MARRIAGE CERTIFICATE FOR RECORDING.**
 WRITE PLAINLY, WITH CARE AND 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 Florence
 Township of 11
 or
 Inc. Town of _____
 or
 City of Florence (No. 6 S. C. It
 (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
45166

Registration District No. 20-A Registered No. 17
 (For use of Local Registrar)
 St.; 4 Ward
 (If child is not yet named, make supplemental report as directed)

2) Full Name of Child Frances Louise McArthur

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 17 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John McArthur
 (9) PRESENT POSTOFFICE OF FATHER Florence SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Florence SC
 (13) OCCUPATION Physician
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Frances Louise
 (15) PRESENT POSTOFFICE OF MOTHER Florence SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
 (18) BIRTHPLACE Florence SC
 (19) OCCUPATION Physician
 (20) 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 alive or stillborn at 9 P. M. on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) J. L. McArthur M.D.
 (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 Jan 26 1916 (28) C. C. Wright M.D. 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.