

Form No. 10.

MADE IN GREAT BRITAIN BY ROYAL HOLLAND STRAIT TRADING CO. LTD.

WRITE PLAINLY. WITH CARE AND PRECISION. 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 Town of ..... Registration District No. 20-A Registered No. 17  
 or ..... (For use of Local Registrar)  
 City of Florence (No. 6 St. 4 Ward)  
 (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

2) Full Name of Child Frances Lourdin McLeister If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>1/19</u>	(7) DATE OF BIRTH <u>June 17, 1916</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>John McLeister</u>	(14) NAME BEFORE MARRIAGE <u>Frances Lourdin</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Florence S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Florence S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Florence S.C.</u>	(18) BIRTHPLACE <u>Florence S.C.</u>			
(13) OCCUPATION <u>Physician</u>	(19) OCCUPATION <u>Physician</u>			
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at Florence, S.C. on the date above stated. (Hour A. M. or P. M.)  
 (23) (Signature) J. L. McLeister, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 \_\_\_\_\_  
 \_\_\_\_\_, 1916  
 \_\_\_\_\_ Registrar

(26) Witness  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 26 1916 (28) C. G. 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.