

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

(1) PLACE OF BIRTH

County of Williamsburg

Township of Lawrence

Inc. Town of Lawrence

City of Lawrence

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44991

Registration District No. 4311 Registered No. 98

(For use of Local Registrar)

City of Lawrence (No. 4311 St.; 98 Ward)

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

|  |   |   |   |   |
|--|---|---|---|---|
| (3) BOY OR GIRL? <u>girl</u>   | (4) Twin or Triplet?                        | (5) Number in order of birth  | (6) Are Parents Married? <u>yes</u>               | (7) DATE OF BIRTH <u>Dec. 3, 1915</u><br>(Name of Month) (Day) (Year) |
| FATHER.  |   |   | MOTHER.   |   |
| (8) FULL NAME <u>Elizabeth Reid</u>  |   |   | (14) NAME BEFORE MARRIAGE <u>Marie Chandler</u>   |   |
| (9) PRESENT POSTOFFICE OF FATHER <u>Lawrence</u>                             |   |   | (15) PRESENT POSTOFFICE OF MOTHER <u>Lawrence</u> |   |
| (10) COLOR OR RACE <u>negro</u>  | (11) AGE AT LAST BIRTHDAY <u>25</u> (Years) | (16) COLOR OR RACE <u>negro</u>   |   |   |
| (12) BIRTHPLACE <u>Williamsburg</u>  |   | (17) AGE AT LAST BIRTHDAY <u>22</u> (Years)   |   |   |
| (13) OCCUPATION <u>Farmer</u>  |   | (18) BIRTHPLACE <u>Williamsburg</u>   |   |   |
| (20) Number of children born to mother, including present birth <u>Three</u> |   | (19) OCCUPATION <u>Housewife</u>  |   |   |
|  |   | (21) Number of children of this mother now living, including present birth <u>Three</u> |   |   |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was live at 1 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) James W. Anderson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness W. M. Chandler (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 15, 1915 (28) W. C. Snow 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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