

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.

Caav. of Columbia

(1) PLACE OF BIRTH
County of Florence
Township of Pea Dee
or
Inc. Town of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar-Only
64371

Registration District No. 2013 Registered No. 20
(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.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yo (7) DATE OF BIRTH June 7, 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Joseph Ard
(9) PRESENT POSTOFFICE OF FATHER Kingsburg Se
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Year)
(12) BIRTHPLACE Kingsburg, Se
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Eva Keith
(15) PRESENT POSTOFFICE OF MOTHER Kingsburg Se
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Year)
(18) BIRTHPLACE
(19) OCCUPATION House Wife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) L. W. Gaskins
(24) State whether Physician or Midwife Physician Address of Physician or Midwife

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

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

(27) Filed June 10, 1916 (28) W. H. Dodson 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.

Signed by, marce