

FORM No. 10. MARGIN RESERVED FOR EARLY RECORD

WHILE FILLING, WITH WRITING 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.
McClaw of Columbia

(1) PLACE OF BIRTH

County of Greenville
Township of Clayton Mt.
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
43012

Registration District No. 2208 Registered No. 43
(For use of Local Registrar)
St.:
Ward)

(2) Full Name of Child

Smith

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet? 1

(5) Number in order of birth 4

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov. 1 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John P. Smith

(9) PRESENT POSTOFFICE OF FATHER Campbells

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Pitman

(15) PRESENT POSTOFFICE OF MOTHER Campbells

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(Years)

(18) BIRTHPLACE S. C.

(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 alive at 9 a. M.,
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Morrison
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physicians Campbells - S.C.

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) G. D. Phillips
Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.