

Form No. 10. MARGIN RESERVE FOR INDEXING. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICIAL, No. 2, etc., in question 6.

(1) PLACE OF BIRTH **WILKESBORO** **CERTIFICATE OF BIRTH**  
County of **Wilkes** **STATE OF SOUTH CAROLINA.**  
Township of **Indian** **Bureau of Vital Statistics**  
Inc. Town of **Indian** **State Board of Health**  
City of **Indian** **Registration District No. 4313** **Registered No. 57**  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
2) Full Name of Child **Marene Bass** **If child is not yet named, make supplemental report as directed**

|  |   |                                       |  |   |
|--|---|---------------------------------------|--|---|
| (3) BOY OR GIRL <b>GIRL</b>  | (4) Twin or Triplet? <b>No</b>  | (5) Number in order of birth <b>1</b> | (6) Are Parents Married? <b>Yes</b>            | (7) DATE OF BIRTH <b>Jan. 1, 1914</b><br>(Name of Month) (Day) (Year) |
| <b>FATHER.</b>   |   |                                       | <b>MOTHER.</b>                                 |   |
| (8) FULL NAME <b>Willie Bass</b>   | (14) NAME BEFORE MARRIAGE <b>Cate William</b>                                       |                                       |  |   |
| (9) PRESENT POSTOFFICE OF FATHER <b>Indian</b>                           | (15) PRESENT POSTOFFICE OF MOTHER <b>Indian</b>                                     |                                       |  |   |
| (10) COLOR OR RACE <b>C</b>  | (11) AGE AT LAST BIRTHDAY <b>23</b><br>(Years)                                      | (16) COLOR OR RACE <b>C</b>           | (17) AGE AT LAST BIRTHDAY <b>21</b><br>(Years) |   |
| (12) BIRTHPLACE <b>Indian</b>  | (18) BIRTHPLACE <b>Indian</b>   |                                       |  |   |
| (13) OCCUPATION <b>Farmer</b>  | (19) OCCUPATION <b>Housewife</b>  |                                       |  |   |
| (20) Number of children born to mother, including present birth <b>1</b> | (21) Number of children of this mother now living, including present birth <b>1</b> |                                       |  |   |

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

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

(23) (Signature) **Reb. Wilkerson**  
(24) State whether Physician or Midwife. (25) Address of Physician or Midwife **Indian**

Given name added from a supplemental report

(26) Witness **John C. Cooper**  
(Signature of Witness necessary only when question 23 is signed by mark).

(27) Filed **Jan. 1, 1914** (28) **L. C. Daniel** 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.