

Form No. 10. MARGIN RESERVED FOR INDEXING. 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.

(1) PLACE OF BIRTH  
County of Williamsburg  
Township of Monrovia  
or  
Inc. Town of ..... Registration District No. 4306 Registered No. 110  
or  
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. Genia Viola Hatchel } If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only  
**44972**

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 16</u> 191 <u>5</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Basile Henry Hatchel</u>			(14) NAME BEFORE MARRIAGE <u>Maggie Viola Williams</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cades S C</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cades</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Darlington Co S.C.</u>			(18) BIRTHPLACE <u>Williamsburg Co S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 o'clock P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. E. Kelly

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Kingslee S C

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

(26) Witness R C McGinn  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 24 1915 (28) T. Trippson 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.

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.