

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.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of RichlandTownship of Centeror
Inc. Town of.....or
City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20020

Registration District No..... Registered No.....
(For use of Local Registrar)

(2) Full Name of Child

frank stark

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH..... 19..... (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jack Stark(9) PRESENT POSTOFFICE OF FATHER Sykes land SC(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY..... (Years)(12) BIRTHPLACE from 21

(13) OCCUPATION

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Luck Dicks(15) PRESENT POSTOFFICE OF MOTHER Sykes land SC(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY..... (Years)(18) BIRTHPLACE 12

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born 10.10.1910 at 10 P.M.,
on the date above stated. (Born alive or stillborn), (Hour A. M. or P. M.)(23) (Signature) James D. Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

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

(27) Filed..... 19..... (28)..... 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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