

Form No. 10
WHITE PLAIN, WITH UNFADING INK—WHICH IS PERMANENTLY LEGIBLE
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
Caw. of Columbia

(1) PLACE OF BIRTH

County of Sumter

Township of Mayville

Inc. Town of _____

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

44767

Registered No. 109

(For use of Local Registrar)

(2) Full Name of Child Arthur B. McCain M. S. Gulest

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? Yes (7) DATE OF BIRTH Dec. 6 1911

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME William S. McCain

(14) NAME BEFORE MARRIAGE Minnie Evans

(9) PRESENT POSTOFFICE OF FATHER Mayville S.C.

(15) PRESENT POSTOFFICE OF MOTHER Mayville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE Clarendon Co

(13) OCCUPATION Farmer

(19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:10 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lilla H. Hinkle

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

House Wife Mayville S.C.

(26) Witness _____

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

(27) Filed Dec 11 1911 (28) West Howard

Local Registrar

Given name added from a supplemental report

11-1-11

1911

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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