

Form No. 10. MARGIN RESERVED FOR BANDING. 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. Chas. of Columbia.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Dundlin
 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
85784

Registration District No. 2205 Registered No. 99
 (For use of Local Registrar)

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

(2) Full Name of Child Marquerite Celene Dobbins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH 7/20 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Walter Dobbins
 (9) PRESENT POSTOFFICE OF FATHER Foney Creek, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26
 (Years)
 (12) BIRTHPLACE Greenville Co., S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Annie Laura Jordan
 (15) PRESENT POSTOFFICE OF MOTHER Foney Creek, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28
 (Years)
 (18) BIRTHPLACE Greenville Co., S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Houghton
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Houma Park, 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 7/20/16 (28) C. D. Smith 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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Y A F I L M