

FORM NO. 10. MARGIN RESERVED FOR BUNDLING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. WRITE PLAINLY. 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. McCaw, of Columbia

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

(1) PLACE OF BIRTH  
 County of Williamsburg  
 Township of Johnson  
 or  
 Inc. Town of ..... Registration District No. 43.04 / Registered No. 9  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**50692**

2) Full Name of Child Colner Vivian Perry } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 2, 1914  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Sylvester D. Perry  
 (9) PRESENT POSTOFFICE OF FATHER Venters S. C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 51 (Years)  
 (12) BIRTHPLACE Venters, S. C.  
 (13) OCCUPATION Planter  
 (14) Number of children born to mother, including present birth Ten

**MOTHER.**

(14) NAME BEFORE MARRIAGE Betty Hughes  
 (15) PRESENT POSTOFFICE OF MOTHER Venters S. C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)  
 (18) BIRTHPLACE Hemmingway S. C.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth Ten

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

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

(23) (Signature) Sharlott (X) Bell  
 (24) State whether Physician or Midwife Midwife (25) State of Physician or Midwife Venters S. C.

(26) Witness S. D. Perry (Signature of witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 2 1914 (28) H. K. Card Local Registrar

(Given name added from a supplemental report) \_\_\_\_\_ 191...  
 \_\_\_\_\_ 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.