

Form No. 10.
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.
McCauley, of Columbia

(1) PLACE OF BIRTH

County of Williamsburg

Township of Johnson

Inc. Town of
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 Edna Vivian Perry } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 2, 1914 (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.
(15) NAME BEFORE MARRIAGE Betty Hughes
(16) PRESENT POSTOFFICE OF MOTHER Venters S. C.
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 40 (Years)
(19) BIRTHPLACE Hemingway S. C.
(20) OCCUPATION Housewife
(21) 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) Address of Physician or Midwife Venters S. C.

(Given name added from a supplemental report)
....., 191.....
.....
Registrar

(26) Witness S. D. Perry
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 12, 1914 (28) L. K. Card 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.

File No.—For State Registrar Only
50692

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