

Form No. 10.  
MARGIN RESERVED FOR BINDING.  
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.

(1) PLACE OF BIRTH

County of Richland

Township of Richland

Inc. Town of Richland

City of Richland

(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

14879

Registration District No. 4213 Registered No. 58  
(For use of Local Registrar)

Sl.; ..... Ward)

(2) Full Name of Child

Smith Decker

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 10

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 11  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Smith Decker

(9) PRESENT POSTOFFICE OF FATHER

Richland

(10) COLOR OR RACE

Wk

(11) AGE AT LAST BIRTHDAY 41  
(Years)

(12) BIRTHPLACE

Richland

(13) OCCUPATION

Farmer

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

10

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rosie Dent

(15) PRESENT POSTOFFICE OF MOTHER

Richland

(16) COLOR OR RACE

Wk

(17) AGE AT LAST BIRTHDAY 38  
(Years)

(18) BIRTHPLACE

Richland

(19) OCCUPATION

Housewife

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

7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

Richland

(24) State whether Physician or Midwife

Physician

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 Dec 23 191.....

(28) Richland 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.

\*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.