

Form No. 10. MARGIN RESERVATION FOR BINDING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. WHEN IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF COLUMBIA. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Goshuoy
 or
 Inc. Town of Goshuoy
 or
 City of Goshuoy (No. 100 St.; 21 Ward)
 (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
48442

(2) Full Name of Child Shuman, John } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH 2/15/1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Shuman, John
 (9) PRESENT POSTOFFICE OF FATHER Goshuoy S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Shelby N.C.
 (13) OCCUPATION Fireman
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Petty
 (15) PRESENT POSTOFFICE OF MOTHER Goshuoy S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Goshuoy N.C.
 (19) OCCUPATION Domestic
 (20) 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 13:10 A.M.
 on the date above stated. (Boy, alive, or stillborn) (Hour, A. M. or P. M.)
 (23) (Signature) Mollie J. Pratt
 (24) State whether Physician or Midwife Physician Address of Physician or Midwife Goshuoy S.C.

Given name added from a supplemental report
 (26) Witness Saller Moten
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 2/15/1916 (28) N. Z. 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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