

Form No. 10.

MARGIN RESERVATION FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M.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.

State of Columbia

(1) PLACE OF BIRTH
County of Laurens
Township of Laurens
or
Inc. Town of
or
City of
(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
48111

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>500</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 5 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Bill</u>			(14) NAME BEFORE MARRIAGE <u>John</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Laurens</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>Laurens</u>			(18) BIRTHPLACE <u>Laurens</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Labour</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) She
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allendale St.

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

(26) Witness F.H. Boyd
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb. 18. 1916. (28) F.H. Boyd M.D. 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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