

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.

State of Columbia.

(1) PLACE OF BIRTH		COUNTY OF <u>Rock</u>		TOWNSHIP OF <u>Central</u>		INC. TOWN OF		CITY OF		REGISTRATION DISTRICT NO. <u>2200</u>		REGISTERED NO. <u>11</u>	
STATE OF SOUTH CAROLINA		BUREAU OF VITAL STATISTICS		STATE BOARD OF HEALTH								FILE NO.—FOR STATE REGISTRAR ONLY <u>47149</u>	
(2) Full Name of Child <u>Paul Newton</u>										If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Jan. 23</u>		(8) NAME BEFORE MARRIAGE <u>Emma Kelley</u>		(9) PRESENT POSTOFFICE OF FATHER <u>Central</u>		(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>40</u>	
FATHER.				MOTHER.				(12) BIRTHPLACE <u>IL</u>		(13) OCCUPATION <u>Farmer</u>		(14) BIRTHPLACE <u>IL</u>	
(15) FULL NAME <u>A. H. Newton</u>				(16) PRESENT POSTOFFICE OF MOTHER <u>Central</u>				(17) AGE AT LAST BIRTHDAY <u>40</u>		(18) OCCUPATION <u>House wife</u>		(19) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH <u>9</u>	
<p align="center">CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p> <p>(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>home</u> on the date above stated.</p> <p>(23) (Signature) <u>A. H. Newton</u></p> <p>(24) State <u>Physician</u> or Midwife (25) Address of Physician or Midwife <u>Hypera</u></p> <p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p> <p>(27) Filed <u>Feb 12</u> 191<u>6</u> (28) <u>J. E. Bearden</u> Local Registrar</p>													
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.

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