

Form 10, 1910
 PRINTED AND MANUFACTURED BY THE GOVERNMENT OF THE UNITED STATES OF AMERICA
 WRITE PLAINLY, WITH UNFADING INK—AND IN INK—IN THE SPACES PROVIDED

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.
 Caw. of Columbia

(1) PLACE OF BIRTH

County of Sumter
 Township of Mayesville
 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
44766

Registration District No. 402 Registered No. 110
 (For use of Local Registrar)
 St.; Ward
 (No.)

(2) Full Name of Child Candis Mc Cutchin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH DEC 6 1921
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Julius Mc Cutchin
 (9) PRESENT POSTOFFICE OF FATHER 11 Mayesville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Sumter Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Lela Calo
 (15) PRESENT POSTOFFICE OF MOTHER Mayesville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayesville S.C.

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

(26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 11 1921 (28) W. G. Thomas 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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