

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. McCaw, of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Spartanburg STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of Sheldon
 or
 Inc. Town of Registration District No. 605
 or
 City of Sheldon (No.) (For use of Local Registrar)

File No.—For State Registrar Only
48173

(2) Full Name of Child Mary Sue Johnson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplets? + (5) Number in order of birth 2 (6) Are Parents Married? no (7) DATE OF BIRTH July 1st 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Isaac Williams
 (9) PRESENT POSTOFFICE OF FATHER Sheldon S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 71 (Years)
 (12) BIRTHPLACE Sheldon S.C.
 (13) OCCUPATION Farm Laborer
 (20) Number of children born to mother, including present birth 12

MOTHER.
 (14) NAME BEFORE MARRIAGE Rena Wright
 (15) PRESENT POSTOFFICE OF MOTHER Sheldon
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Sheldon S.C.
 (19) OCCUPATION Farm Laborer
 (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 alive at 6 P M. on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) Polly Smith
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sheldon

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness Roy B. Williams (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 8 1916 (28) W. H. Wray 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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