

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  
County of Charleston  
Township of Mt. Pleasant

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Office  
**76063**

OR  
Inc. Town of ..... Registration District No. 9 B ..... Registered No. 115  
OR  
City of ..... (No. ....) St.; ..... Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Georgia Venning ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Married (7) DATE OF BIRTH Sept 1  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Willie Venning

(14) NAME BEFORE MARRIAGE Georgia Palmer

(9) PRESENT POSTOFFICE OF FATHER Mt Pleasant SC

(15) PRESENT POSTOFFICE OF MOTHER Mt Pleasant SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Mt Pleasant

(18) BIRTHPLACE Charleston SC

(13) OCCUPATION Carpenter

(19) OCCUPATION Washwoman

(20) Number of children born to mother, including present birth { 2 }

(21) 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 7 Pm on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Pouder Johnson

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Mount Pleasant SC

Given name added from a supplemental report

(26) Witness Geo. W. Roberts (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1st Sept 1912 (28) Geo. W. Roberts 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.