

Form No. 10. MARK IN RESERVE END END END. 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 8. McCAY, of Columbia.

(1) PLACE OF BIRTH  
 County of Anderson STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Williamston State Board of Health  
 Inc. Town of ..... Registration District No. 314 Registered No. ....  
 or ..... (For use of Local Registrar)  
 or .....  
 City of ..... (No. .... St.; ..... Ward)  
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
48055

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>26, 18 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>G. C. Davis</u>	(14) NAME BEFORE MARRIAGE <u>Lillie Woodson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Williamston R.D.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Williamston R.D.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Greenville Co</u>		(18) BIRTHPLACE <u>Greenville Co</u>		
(13) OCCUPATION		(19) OCCUPATION		
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

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

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) .....  
 (27) File No. 427 1916 (28) G. C. Hogg 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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