

Form No. 10. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH ENLARGING INK.—THIS IS A PERMANENT RECORD. N. E.—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 Pickens
Township of Pickens
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
65931

Registration District No. 2764 Registered No. 156
(For use of Local Registrar)
SL; Ward)
(2) Full Name of Child Charles Childress If child is not yet named, make supplemental report as directed

(3) BOY OR <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 22, 1914</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>E. Louis Childress</u>			(14) NAME BEFORE MARRIAGE <u>Lillian Stephens</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pickens Co</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pickens Co</u>	
(10) COLOR <u>White</u> (11) AGE AT LAST OR BIRTHDAY <u>40</u> RACE (Years)			(16) COLOR <u>White</u> (17) AGE AT LAST OR BIRTHDAY <u>33</u> RACE (Years)	
(12) BIRTHPLACE <u>Pickens Co</u>			(18) BIRTHPLACE <u>Pickens Co S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Elizabeth B. Smith
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Pickens Co

Given name added from a supplement-
tal report
....., 191.....
Registrar

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)
(27) Filed June 22, 1914 (28) J. M. Smith
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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