

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.

Law of Columbia.

(1) PLACE OF BIRTH

County of Abbeville  
Township of Abbeville  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

50849

Registration District No. 100 Registered No. 86  
(For use of Local Registrar)

(2) Full Name of Child Nath. Black

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 X (6) Are Parents Married?  (7) DATE OF BIRTH March, 5, 1916  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Jeff Black Jr.  
(9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C.  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 29 (Years)  
(12) BIRTHPLACE Abbeville, S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth One

MOTHER.  
(14) NAME BEFORE MARRIAGE Chen Esther Tate  
(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE Abbeville, S.C.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) J. P. [Signature]  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife near Abbeville, S.C.

Given name added from a supplemental report

(26) Witness J. P. [Signature] (Signature of Witness necessary only when question 23 is signed by proxy)

(27) Filed 3/12 191... (28) J. P. [Signature] 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.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return.