

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 must the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. MARY of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 County of Jasper Bureau of Vital Statistics  
 Township of Chesaw Hatchee State Board of Health  
 Inc. Town of ..... Registration District No. 2600 Registered No. 70  
 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  
**90420**

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE BIRTH <u>Dec. 2, 1916</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Harris Vaigneur</u>	(14) NAME BEFORE MARRIAGE <u>Charbeth Robertson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Ridgeland S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Ridgeland S.C.</u>	(10) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(18) BIRTHPLACE <u>S.C.</u>	(12) BIRTHPLACE <u>S.C.</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>	(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harris Vaigneur  
 (24) State whether Physician or Midwife Father (25) Address of Physician or Midwife

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

(26) Witness Louis H. Law  
 (Signature of Witness necessary only when question 23 is signed by mark).  
 (27) Filed 12/9 1916 (28) Louis H. Law  
 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.