

Form No. 10. MARGIN RESERVED FOR BINDING. WILL BE READING ENIC—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.

(1) PLACE OF BIRTH

County of Anderson

Township of Pendleton

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

71304

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u> </u> <u> </u> <u> </u> 19 <u>17</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>"Will Collins"</u>		(14) NAME BEFORE MARRIAGE <u>Hannah Aiken</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Pendleton, S. C., Reutel</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Pendleton, S. C., Reutel.</u>		
(10) COLOR OR RACE <u>Negre</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Negre</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Anderson Co., S. C.</u>		(18) BIRTHPLACE <u>Anderson Co., S. C.</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>House-wife</u>		
(20) Number of children born to mother, including present birth <u>Three</u>		(21) Number of children of this mother now living, including present birth <u>Three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:30 A on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. E. Haston, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Pendleton, S. C.

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled 191..... (28) 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.

Birth month of pregnancy