

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. McCaw, of Columbia.

(1) PLACE OF BIRTH Chester **CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
County of Chester Bureau of Vital Statistics  
Township of Chester State Board of Health

File No.—For State Registrar Only  
**76391**

or  
Inc. Town of ..... Registration District No. 1206 Registered No. 89  
or  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Sept 27 1912  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Hugh Brewer  
(9) PRESENT POSTOFFICE OF FATHER Magland 80  
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 53 (Years)  
(12) BIRTHPLACE Chester S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth { 8

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Ellen Moore  
(15) PRESENT POSTOFFICE OF MOTHER Magland 10  
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 36 (Years)  
(18) BIRTHPLACE Laneasbr S.C.  
(19) OCCUPATION Housekeeping  
(21) Number of children of this mother now living, including present birth { 8

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

(22) I hereby certify that I attended the birth of this child, who was born at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Moore  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Magland 10

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

(26) Witness J. B. Brewer  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 10-10-12 (28) T. C. B. 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.