

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.

(1) PLACE OF BIRTH
County of Williamsburg
Township of Curley
Inc. Town of
City of
(No.) Registration District No. 4311 Registered No. 82
(For use of Local Registrar)
Sl.: Ward:
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 30 (Name of Month) (Day) (Year) 1915

FATHER. (5) FULL NAME Benjamin Washington (14) NAME BEFORE MARRIAGE Peggy Pressley
(6) PRESENT POSTOFFICE OF FATHER Kingstree (15) PRESENT POSTOFFICE OF MOTHER Kingstree
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 31 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 34
(12) BIRTHPLACE Williamsburg (18) BIRTHPLACE Williamsburg
(13) OCCUPATION Farmer (19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth nine (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 alive at 6:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Jane McAden
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Williamsburg

Given name added from a supplemental report 191.....
(26) Witness Ben Washington (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 92031 1915 (28) W. E. Swenden 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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