

Form No. 10.

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY, WITH 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 2.

McNaw, of Columbia

## (1) PLACE OF BIRTH

County of Horace  
Township of Gans Bay  
or  
Inc. Town of  
or  
City ofCERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 2014 Registered No. 66  
(For use of Local Registrar)File No.—For State Registrar Only  
42868(2) Full Name of Child Marion A. Hunter St.; Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
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 (6) Are they Married? (7) DATE OF BIRTH Dec. 11 5  
(Name of Month) (Day) (Year)FATHER  
(8) FULL NAME Robert Hunter  
(9) PRESENT POSTOFFICE OF FATHER Bonno & Co. & Co.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19 (Years)  
(12) BIRTHPLACE Horace Co  
(13) OCCUPATION Ironing  
(20) Number of children born to mother, including present birth 1MOTHER  
(14) NAME BEFORE MARRIAGE Annie Hunter  
(15) PRESENT POSTOFFICE OF MOTHER  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)  
(18) BIRTHPLACE Sc.  
(19) OCCUPATION  
(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dacey Jackson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
MidwifeGiven name added from a supplemental report  
..... 191.....  
.....  
Registrar(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filled Dec 11 1915 (28) D. A. Hill 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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