

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.

McKay, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Wendover</u>		STATE OF SOUTH CAROLINA		87774	
Township of <u>Wendover</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>4303</u>		Registered No. <u>113</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Samuel L. McCollough</u>				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>Nov. 26</u> , 19 <u>14</u>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Ben McCollough</u>			(14) NAME BEFORE MARRIAGE <u>Maggie Singleton</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Fowler</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Fowler</u>		
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(12) BIRTHPLACE <u>Wendover</u>			(18) BIRTHPLACE <u>Wendover</u>		
(13) OCCUPATION <u>Farm</u>			(19) OCCUPATION <u>Housekeeper</u>		
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>8</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>S. W.</u> , M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Chas. Singleton</u>			(25) Address of Physician or Midwife <u>Fowler</u>		
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report			(26) Witness <u>Ben McCollough</u> (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191.....			(27) Filed <u>Dec. 1914</u> (28) <u>Br. Jackson</u> Local Registrar		
..... 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.