

Form No. 10
 THIS FORM, WITH THE VARIOUS INSTRUCTIONS THEREON,
 IS TO BE FILLED IN BY THE FATHER OR MOTHER OF THE CHILD.
 N. H.—In case of TWINS OR TRIPLETS use a separate form for each child.
 McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH
 County of Sumner
 Township of Madison
 or
 Inc. Town of Registration District No. Registered No. 84
 or
 City of (No. St.; Ward)
 (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
44776

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>to be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 23</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>John Robert Dew</u>			(14) NAME BEFORE MARRIAGE <u>Mauda Kelpatriak</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>West of field</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>West of field</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7:40 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. D. Dew
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife West of field

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

(27) File No. 191 (28) M. D. Dew
Local Registrar.

Given name added from a supplemental report 191
 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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