

Form No. 10.

MAILED BY REGISTER FOR FURNISHING

WHICH PLAINLY, WITH UNFADING INK, THIS IS A PERMANENT COPY.

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.

McClary, of Columbia

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

File No.—For State Registrar Only
49920

Township of
 or
 Inc. Town of Longwood Registration District No. 23 Registered No. 482
 or
 City of City of Greenville City Hospital (For use of Local Registrar)
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.) St.: 3 (Ward)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>N</u> <small>To be answered only in case of Twin or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Dec. 24</u> <u>1916</u> <small>(Name of Month) (Day) (Year)</small>
9) FULL NAME <u>William Howard</u> FATHER		14) NAME BEFORE MARRIAGE <u>Sily Newton</u> MOTHER		
10) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>		15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>		
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY (Years)	
12) BIRTHPLACE <u>South Car.</u>		18) BIRTHPLACE <u>South Car</u>		
13) OCCUPATION <u>Saborer</u>		19) OCCUPATION <u>Home Wife</u>		
20) Number of children born to mother, including present birth <u>1</u>		21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born alive at City Hospital on the date above stated. (Near A. M. of P. M.)
 (23) (Signature) W. P. Palmer
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness
 (Signature of Witness necessary when question 23 is signed by mark)
 (27) Filed Jan. 10. 1916 (28) Clayton 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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