

Form No. 10.

MARGIN RESERVED FOR INDEXING.  
WHITE PLAINLY, WITH LEADING 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 3.

McCaw, of Columbia

(1) PLACE OF BIRTH

County of Glover  
Township of Perdue  
or  
Inc. Town of Perdue  
or  
City of Perdue

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
42860

Registration District No. 2013 Registered No. 53  
(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>girl</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 <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 20, 1915</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Albert Durant Jones</u>			(14) NAME BEFORE MARRIAGE <u>Hanna Elizabeth Cooper</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Boatier</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Boatier</u>	
(10) COLOR OR RACE <u>white</u>			(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Boatier</u>			(16) COLOR OR RACE <u>white</u>	
(13) OCCUPATION <u>farming</u>			(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(18) BIRTHPLACE <u>Hannah</u>			(19) OCCUPATION <u>housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 AM., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Albert Jones (Father)  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Registrar

(26) Witness  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 10 1915 (28) W. Pootan  
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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