

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
Caw. of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Marlboro,
Township of Smithville,
or
Inc. Town of
or
City of
(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
49907

Registration District No. 5305 Registered No. 15
(For use of Local Registrar)
(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Laura Harrington { If child is not yet named, make supplemental report as directed

| | | | | |
|--|---------------------------|------------------------------|---|--|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>No</u> | (7) DATE OF BIRTH <u>Jan 30 1916</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME | (11) AGE AT LAST BIRTHDAY | | (14) NAME BEFORE MARRIAGE <u>Ellar Harrington</u> | (17) AGE AT LAST BIRTHDAY <u>34</u> (Years) |
| (9) PRESENT POSTOFFICE OF FATHER | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Kelisek, S.C.</u> | |
| (10) COLOR OR RACE | | | (16) COLOR OR RACE <u>Negro</u> | |
| (12) BIRTHPLACE | | | (18) BIRTHPLACE <u>S.C.</u> | |
| (13) OCCUPATION | | | (19) OCCUPATION <u>Farm Work</u> | |
| (20) Number of children born to mother, including present birth <u>3</u> | | | (21) Number of children of this mother now living, including present birth <u>3</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive... at 2.20 P.M.... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Julia Ann Redfern
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kelisek, S.C.

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. H. Priest
(27) Filed Feb. 15 1916 (28) 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.