

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE 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 MOTHER of each child.

(1) PLACE OF BIRTH  
 County of Beaufort  
 Township of Beaufort  
 or  
 Inc. Town of Beaufort  
 or  
 City of Beaufort (No. 1)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. 6A Registered No. 11  
 (For use of Local Registrar)

File No.—For State Registrar Only  
48151

(2) Full Name of Child Estelle Pete  
 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?                       | (7) DATE OF BIRTH <u>July 23 1916</u><br>(Name of Month (Day) (Year)) |
| FATHER.  |   |                                 | MOTHER.  |   |
| (8) FULL NAME <u>Henry Pete</u>  | (14) NAME BEFORE MARRIAGE <u>Abu Brunson</u>  |                                 |  |   |
| (9) PRESENT POSTOFFICE OF FATHER <u>Beaufort</u>                         | (15) PRESENT POSTOFFICE OF MOTHER <u>Beaufort</u>                                   |                                 |  |   |
| (10) COLOR OR RACE <u>negro</u>  | (11) AGE AT LAST BIRTHDAY <u>35</u><br>(Years)                                      | (16) COLOR OR RACE <u>negro</u> | (17) AGE AT LAST BIRTHDAY <u>36</u><br>(Years) |   |
| (12) BIRTHPLACE <u>Beaufort</u>  | (18) BIRTHPLACE <u>Beaufort</u>   |                                 |  |   |
| (13) OCCUPATION <u>Householder</u>                                       | (19) OCCUPATION <u>Householder</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 normal at 8:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Alice M. G. Gault  
 (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 only when question 23 is signed by mark)  
 (27) Filled July 26 1916 (28) J. L. Lyles 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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