

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

McClaw, of Columbia.

(1) PLACE OF BIRTH **Greenville**
 County of **Greenville** STATE OF SOUTH CAROLINA.
 Township of **Greenville** Bureau of Vital Statistics
 State Board of Health
 or
 Inc. Town of Registration District No. **2209** Registered No. **443**
 or
 City of (No. **R.T.D.** St.; Ward)
 (If birth occurs in a hospital, or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
77280

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

(3) BOY OR GIRL? **Boy** (4) Twin or Triplet? (5) Number in order of birth (6) Age **29** Married? (7) DATE OF BIRTH **Aug. 29, 1906**
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Perry Smith**
 (9) PRESENT POSTOFFICE OF FATHER **Greenville S.C.**
 (10) COLOR **Black** (11) AGE AT LAST BIRTHDAY **26** (Years)
 (12) BIRTHPLACE **Greenville S.C.**
 (13) OCCUPATION **Labourer**
 (20) Number of children born to mother, including present birth **4**

MOTHER.

(14) NAME BEFORE MARRIAGE **Roxie Austin**
 (15) PRESENT POSTOFFICE OF MOTHER **Greenville S.C.**
 (16) COLOR **Black** (17) AGE AT LAST BIRTHDAY **24** (Years)
 (18) BIRTHPLACE **S.C.**
 (19) OCCUPATION **Housework**
 (21) Number of children of this mother now living, including present birth **4**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **alive**, at **8:30 A.M.**, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Annie X. Austin**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Greenville

Given name added from a supplemental report

(26) Witness **A. H. Mackey**
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed **Sep 18 6** (28) **A. H. Mackey** 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.