

Form No. 10.

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

A. 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.

Mc
Murray
of
Columbia

(1) PLACE OF BIRTH

County of Ora. Georgetown
Township of Gold Land

Inc. Town of

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 HealthFile No.—For State Registrar Only
47076Registration District No. 3607 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Nancy Walden

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 18 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Louis Walden(9) PRESENT POSTOFFICE OF FATHER Springfield S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Goner(15) PRESENT POSTOFFICE OF MOTHER Springfield S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Given name added from a supplemental report

, 191...

Registrar

(26) Witness W. H. Lee (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 1916 (28) S. M. Tarrant 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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