

Form No. 10.  
 MAY BE REPRODUCED FOR PRIVATE  
 USE ONLY. NOT TO BE REPRODUCED FOR  
 PUBLIC USE.

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.  
 -Caw. of Columbia

(1) PLACE OF BIRTH

County of Durham  
 Township of Mayville  
 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 Health

File No.—For State Registrar Only  
44765

(2) Full Name of Child Josephine Dick

Registered No. 111  
 (For use of Local Registrar)

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? No (7) DATE OF BIRTH Dec 7 1911  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eugene Fleming  
 (9) PRESENT POSTOFFICE OF FATHER Mayville S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Dick  
 (15) PRESENT POSTOFFICE OF MOTHER Mayville S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic (Nurse)  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Thompson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife, Mayville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 12 1911 (28) W. J. Thompson 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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