

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.

Caw. of Columbia

McCaw

(1) PLACE OF BIRTH
 County of Williamsburg
 Township of Turkey
 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. 47613 For State Registrar Only

Registration District No. 4211 Registered No. 5
 (For use of Local Registrar)

(2) Full Name of Child Annie Mc Gill } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 24 1910
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Mc Gill
 (9) PRESENT POSTOFFICE OF FATHER Bloomington
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 31
 (12) BIRTHPLACE Williamsburg
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rena Scott
 (15) PRESENT POSTOFFICE OF MOTHER Bloomington
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 29
 (18) BIRTHPLACE Williamsburg
 (19) OCCUPATION Housewife
 (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 7 P. M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) Edw. Mc Gill

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

Given name added from a supplemental report

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

(27) Filed Feb. 2 191... (28) W. C. Snowdon 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.

*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.