

Form No. 10. MARGIN RESERVED FOR DINDEX.
 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
 McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Beaufort
 Township of W
 or
 Inc. Town of W
 or
 City of W
 (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
48147

Registration District No. 6A Registered No. 7
 (For use of Local Registrar)

(2) Full Name of Child John R. Fenley Jr. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Is he answered only in case of twins or triplets (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 15 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Fenley
 (9) PRESENT POSTOFFICE OF FATHER Beaufort
 (10) COLOR OR RACE Weyro (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE Beaufort
 (13) OCCUPATION Way Laborer
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Rebecca Burns
 (15) PRESENT POSTOFFICE OF MOTHER Beaufort
 (16) COLOR OR RACE Weyro (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Beaufort
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Beaufort at 1-30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) M. Fenley
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Beaufort, S. C.

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness E. G. Danner
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 21 1916 (28) D. S. Bates
 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.