

Form No. 10. MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH LEADING L.V.—THIS IS A PREPARED FORM. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BEAK FOR EACH CHILD AND MAIL 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 St. Helena
 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. For State Registrar Only
63228

Registration District No. 604 Registered No. 98
 (For use of Local Registrar)

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

(3) BOY OR GIRL Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 6.4.1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

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

MOTHER.
 (14) NAME BEFORE MARRIAGE Levina Green
 (15) PRESENT POSTOFFICE OF MOTHER Beaufort S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Beaufort Co
 (19) OCCUPATION House Girl
 (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 live at 4 P. M. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) W. H. Nesom
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Beaufort S.C.

Given name added from a supplemental report 191....
 Registrar
 (26) Witness W. H. Nesom (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 6.24.1916 (28) Geo. Sears 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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