

FORM NO. 10. MARGIN RESERVED FOR BINDING. WHITE 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.

McCaw, of Columbia.

W.R. N. B.

McCaw.

(1) PLACE OF BIRTH  
 County of Flornce  
 Township of Effingham  
 or  
 Inc. Town of ..... Registration District No. 2004 Registered No. 2  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (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  
**46195**

2) Full Name of Child Johnnie Mae Wilson 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 yes Parents Married? ..... (7) DATE OF BIRTH July 22, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Walter S. Wilson  
 (9) PRESENT POSTOFFICE OF FATHER Effingham  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Elizabeth Wilson  
 (15) PRESENT POSTOFFICE OF MOTHER Effingham  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE .....  
 (19) OCCUPATION .....  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) .....  
 (27) Filled Jan 30 1916 (28) D. G. Hall 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.

REGISTRAR ..... LOCAL REGISTRAR .....  
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