

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.

Cav. of Columbia.

McCaw.

(1) PLACE OF BIRTH
County of Marion
Township of Prussia
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
46805

Registration District No. 3205 Registered No. 187
(For use of Local Registrar)
St.; Ward
(No.)

(2) Full Name of Child Carrie Bell Moore } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or triplet?	(5) Number in order of birth <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan. 4, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Illegitimate</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Moore</u>	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <u>Marion Co. S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>✓</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
(12) BIRTHPLACE			(18) BIRTHPLACE <u>Marion Co.</u>	
(13) OCCUPATION			(19) OCCUPATION <u>Farm Laborer</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive Jan. 4, 1916 6 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. M. X. L. L. L.

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

Midwife Mullins. S.C.

Given name added from a supplement
tal report

(26) Witness L. E. H. H.
(Signature of Witness, necessary only
when question 23 is signed by mark)

(27) Filed 1/10 1916 (28) R. E. H. H.
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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