

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.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Marion
 Township of Pearson
 or
 Inc. Town of Registration District No. 3205 Registered No. 187
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
46805

(3) ~~BOY OR~~ GIRL? (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Jan. 4, 1916
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Illegitimate

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 16 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Moore

(15) PRESENT POSTOFFICE OF MOTHER Walling, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Marion Co.

(19) OCCUPATION Farm Laborer

(20) 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 born alive (Born alive or stillborn) 6 A. (Hour A. M. or P. M.) on the date above stated.

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

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Walling, S.C.

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

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

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