Form No. 10.

MARGIN RESERVED FOR BINDING.

SEE THAT EVERY ADDRESS IS WITH THE ADDRESS—THIS IS A PERMANENT RECORD.

IN THE CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the Number Twin or Triplet, 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

File No.—For State Registrar Only
29817

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
or
Inc. Town of ..... Registration District No. 100 Registered No. 46
(For use of Local Registrar)
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. Infant Twin } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? X | (5) Number in order of birth — To be answered only in event of Twins or Triplets | (6) Are Parents Married? No | (7) DATE OF BIRTH Aug. 29, 191— (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME Cesar Brady
(10) PRESENT POSTOFFICE OF FATHER Abbeville Co
(11) COLOR OR RACE Negro (12) AGE AT LAST BIRTHDAY 25 (Years)
(13) BIRTHPLACE Abbeville Co
(14) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Twin

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Hamilton
(15) PRESENT POSTOFFICE OF MOTHER Abbeville Co
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Abbeville Co
(19) OCCUPATION Housekeeper
(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Twin Olive (Born alive or stillborn) at 12 (Hour A. M. or P. M.) M., on the date above stated.

(23) (Signature) [illegible]
(24) State whether Physician or Midwife [illegible]
(25) Address of Physician or Midwife Near Abbeville Co

Given name added from a supplemental report
..... 19..
..... Registrar

(26) Witness [illegible]
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 26 1912 (28) [illegible] 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.

Me a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.