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

File No.—For State Registrar Only
41361

(1) PLACE OF BIRTH
County of Abbeville
Township of Bordeaux
or
Inc. Town of McCormick
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 101 ..... Registered No. 63 ..... (For use of Local Reistrar)

(2) Full Name of Child Francis Blackwell ~~Unnamed~~ ..... 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 Parents Married? Yes | (7) DATE OF BIRTH Dec, 29, 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

| FATHER. | MOTHER. |
|---|---|
| (8) FULL NAME Joseph B. Blackwell | (14) NAME BEFORE MARRIAGE Lillian Carroll |
| (9) PRESENT POSTOFFICE OF FATHER McCormick SC | (15) PRESENT POSTOFFICE OF MOTHER McCormick |
| (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years) | (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years) |
| (12) BIRTHPLACE Edgefield County | (18) BIRTHPLACE Abbeville Co |
| (13) OCCUPATION Telegraph opr | (19) OCCUPATION Housewife |
| (20) Number of children born to mother, including present birth Two | (21) Number of children of this mother now living, including present birth Two |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [signature] MD

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife McCormick SC

Given name added from a supplemental report
June 6, 1916
[signature] Registrar
Deputy

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

(27) Filed Jan 3 1916 (28) J. B. Dawson 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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Cav. of Columbia.