Form No. 10.

WARNING: REMOVED FOR BINDING.

Separate certificate should be made for each child. Only one child to be reported on this form. This is a PERMANENT RECORD.

N. B.—In case of twins or triplets use a SEPARATE BLANK for each child, and mark the Twin or Triplet Box, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson

Township of [illegible]

Inc. Town of ..... Registration District No. 102 Registered No. 47

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
29818

(2) Full Name of Child [illegible] Anthony

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 27, 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME [illegible]

(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Anderson

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE [illegible] Anthony

(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Anderson S.C.

(19) OCCUPATION Home Care

(20) 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 born alive (or stillborn) at 4 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

..... 191...

..... Registrar

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

(27) Filed May 6 1915 (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.

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