Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH PEN AND 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.

(1) PLACE OF BIRTH

County of Charleston

Township of Charleston

Inc. Town of ..... Registration District No. 100 Registered No. 58
(For use of Local Registrar)

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
5049

(2) Full Name of Child [illegible] 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 (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? | (7) DATE OF BIRTH Nov. 29, 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME [illegible]

(9) PRESENT POSTOFFICE OF FATHER [illegible] Co

(10) COLOR OR RACE [illegible] (11) AGE AT LAST BIRTHDAY [illegible] (Years)

(12) BIRTHPLACE [illegible]

(13) OCCUPATION [illegible]

(14) Number of children born to mother, including present birth [illegible]

MOTHER.

(14) NAME BEFORE MARRIAGE [illegible]

(15) PRESENT POSTOFFICE OF MOTHER [illegible] Co

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE [illegible] Co

(19) OCCUPATION [illegible]

(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 [illegible] (Born alive or stillborn) at 1.55 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 [illegible]

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 Dec. 1, 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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