Form No. 10.

MARGIN RESERVED FOR BINDING.

WHEN 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
55846

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
or
Inc. Town of ..... Registration District No. 100 Registered No. 69
(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 Nathan Young { 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 Oct. 27 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Joe Young	(14) NAME BEFORE MARRIAGE Ella Adams
(9) PRESENT POSTOFFICE OF FATHER Abbeville Co	(15) PRESENT POSTOFFICE OF MOTHER Abbeville Co
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Abbeville Co	(18) BIRTHPLACE Abbeville Co
(13) OCCUPATION Farmer	(19) OCCUPATION Farm work
(20) Number of children born to mother, including present birth One	(21) Number of children of this mother now living, including present birth { One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Clarence L. Cruikshanks
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville

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

(26) Witness J. E. Trask
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct. 30 1915. (28) J. E. Trask 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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