Form No. 10.

MARGIN RESERVED FOR BINDING.

WHITE 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.

(Cap. of Columbia.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
53851

(1) PLACE OF BIRTH
County of Abbeville
Township of Bowcount
or
Inc. Town of ..... Registration District No. 101 ..... Registered No. 51 .....
(For use of Local Reistrar)
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 Ruby Holt ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? Yes | (5) Number in order of birth First | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Oct. 5, 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Ralph D Holt	(14) NAME BEFORE MARRIAGE Louie Price
(9) PRESENT POSTOFFICE OF FATHER McCormick	(15) PRESENT POSTOFFICE OF MOTHER McCormick
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE White Path Ga	(18) BIRTHPLACE McCormick S.C.
(13) OCCUPATION Clerk in Genl Mer Store	(19) OCCUPATION Housecarp
(20) Number of children born to mother, including present birth 6	(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [signature] M.D.

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

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 Mar 9, 1915. (28) [signature] 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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