

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE PLAINLY. WITH UNFADING INK—THIS IS A PREPARATION. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH
County of Harry
Township of
or
Inc. Town of Conway
or
City of
(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
43229

Registration District No. 254 Registered No. 74
(For use of Local Registrar)
St.; Ward)
If child is not yet named, make supplemental report as directed

2) Full Name of Child Le Roy Demitt

(3) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? ☒ (7) DATE OF BIRTH Dec 16 1915
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Charles Demitt
(9) PRESENT POSTOFFICE OF FATHER Conway SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Conway SC
(13) OCCUPATION Labourer
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Barah Demitt
(15) PRESENT POSTOFFICE OF MOTHER Conway SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Conway SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Sally Parnell
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Conway SC

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 16 1915 (28) Ad. H. H. Smith 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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