

Form No. 10. MARGIN RESERVED FOR BINDING. WRITE 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.

(1) PLACE OF BIRTH *Kershaw*
County of *Detrich*
Township of
or
Inc. Town of
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
49558

Registration District No. *2701* Registered No. *29*
(For use of Local Registrar)

(2) Full Name of Child *Therese Joy* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>To be answered only in event of Twins or Triplets</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>May 24 1914</i> (Name of Month) (Day) (Year)
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FATHER.
(8) FULL NAME *Sam Jay Jr*
(9) PRESENT POSTOFFICE OF FATHER *Camden SC R. 1*
(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *24* (Years)
(12) BIRTHPLACE *Kershaw Co*
(13) OCCUPATION *Farming*
(20) Number of children born to mother, including present birth *3*

MOTHER.
(14) NAME BEFORE MARRIAGE *Lau Tinsdale*
(15) PRESENT POSTOFFICE OF MOTHER *Camden SC R. 1*
(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *23* (Years)
(18) BIRTHPLACE *Kershaw Co*
(19) OCCUPATION *Farming*
(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 *Alive* at *2 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *L. M. Lewis*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife *Camden SC R.*

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 *Feb 12 1914* (28) *W. G. Garrison* 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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