

WRITE PLAINLY. WITH TRIPLES USE THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. USE MARK OF FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 1.

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
11280

(1) PLACE OF BIRTH  
 County of Manon  
 Township of Roubell  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3206 Registered No. .... 10  
 (For use of Local Registrar)

(2) Full Name of Child Edward Lemay (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD girl (4) Type or Triplet To be answered only in case of Twins or Triplets (5) Number in order of birth (6) Age at Birth no (7) DATE OF BIRTH Mar 16 1923  
(Month) (Day) (Year)

**FATHER**  
 (8) FULL NAME Wesley Sparks  
 (9) PRESENT POSTOFFICE OF FATHER Gresham S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23  
 (12) BIRTHPLACE Marion Co S.C.  
 (13) OCCUPATION Public Laborer  
 (14) Number of children born to mother, including present birth 3

**MOTHER**  
 (14) NAME BEFORE MARRIAGE Dora Lemay  
 (15) PRESENT POSTOFFICE OF MOTHER Gresham S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 45  
 (18) BIRTHPLACE Marion Co. S.C.  
 (19) OCCUPATION Farm Laborer  
 (20) 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 ..... at ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lisa Davis (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gresham S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Apr 20 1923 (28) J. M. Boatwright 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.

Section of Columbia, Columbia, S. C.