

WRITE PLAINLY, WITH EXPANDING 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 1.

(1) PLACE OF BIRTH

County of Manon
Township of Russell
of
Inc. Town of
of
City of

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

File No.—For State Registrar Only
11280

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

(2) Full Name of Child Edward Lemay
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)
(If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Girl</u>	(4) Type of Triplet To be answered only in case of Triplet	(5) Number in order of birth <u>10</u>	(6) DATE OF BIRTH <u>Feb 16</u> 19 <u>23</u> (Month) (Day) (Year)
FATHER		MOTHER	
(8) FULL NAME <u>Wesley Sparks</u>		(14) NAME BEFORE MARRIAGE <u>Dora Lemay</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gresham S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Gresham S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>45</u>
(12) BIRTHPLACE <u>Marion Co. S.C.</u>		(18) BIRTHPLACE <u>Marion Co. S.C.</u>	
(13) OCCUPATION <u>Public Laborer</u>		(19) OCCUPATION <u>Farm Laborer</u>	
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. 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 Feb 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.