

(1) PLACE OF BIRTH

County of Wershaw S.C.
 Township of Proffers
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

30839

Registration District No. 2700Registered No. 117
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 22, 1910
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Emanuel Deese(9) PRESENT POSTOFFICE OF FATHER Wershaw S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 2 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Five (5)

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Mae Small(15) PRESENT POSTOFFICE OF MOTHER Wershaw S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Five (5)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) E. J. Brown(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wershaw S.C. 2700 76

Given name added from a supplemental report.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Registrar (Signature of 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.