

(1) PLACE OF BIRTH

County of ConoverTownship of Phosphorville

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar

41254

Registration District No. 2506Registered No. 116
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child J. W. Peay

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

(3) SEX OR CHILD Boy (4) Type or Figure To be removed only in case of Twins or Triplets (5) Number in order of birth yes (6) DATE OF BIRTH Dec 29, 20
(Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME Jedys Peay(8) PRESENT RESIDENCE OF FATHER Beach Springs, Fla.(9) COLOR OR RACE Black (10) AGE AT LAST BIRTHDAY (Years)(11) BIRTHPLACE Conover Co(12) OCCUPATION Farming(13) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Helina Peay(15) PRESENT RESIDENCE OF MOTHER Beach Springs, Fla.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY (Years)(18) BIRTHPLACE Conover Co(19) OCCUPATION Farm(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was... born alive (Born alive or stillborn) (How A. M. or P. M.)(22) (Signature) Emma Adams (23) Address of Physician or Midwife Beach Springs, Fla.(24) State Florida (25) Address of Physician or Midwife Beach Springs, Fla.

Given name added from a supplemental report

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

(27) Signed Jan 2, 1921 (28) E. F. Hammond (Local Registrar)

When there was no attending physician or midwife, then the father, householder, etc., should sign, and if a child breathes even once, it must not be reported as stillborn. No child is to be reported as stillborn before the fifth month of pregnancy.

WRITE PLAINLY, WITH VISIBLE INK, IN THE SPACE PROVIDED FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

Bureau of Statistics, Columbia, S. C.