

Form No. 10. MAIN INK—REMOVED FOR BINDING. 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  
 County of Willie County  
 Township of Turkey  
 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.)

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

File No.—For State Registrar Only  
**44989**

(2) Full Name of Child Connell Nesmith } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Y (7) DATE OF BIRTH Dec 5 0  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Peter Nesmith  
 (9) PRESENT POSTOFFICE OF FATHER Lowler  
 (10) COLOR OR RACE Negu (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE Willie County  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth Two

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Lala Pressley  
 (15) PRESENT POSTOFFICE OF MOTHER Lowler  
 (16) COLOR OR RACE Negu (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Willie County  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth Two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 3 ..... A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Gene A. Jones  
 (24) State whether Physician or Midwife Midwife (Address of Physician or Midwife)

Given name added from a supplemental report ..... 191.....  
 Registrar  
 (26) Witness Peter Nesmith (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 1912 (28) W. E. D... .. 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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McCraw