

(1) PLACE OF BIRTH
 County of Kershaw
 Township of Lugoff
 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
64960

Registration District No. 2049 Registered No. 117
 (For use of Local Registrar)
 St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Deay { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 14 1912</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME George Deay

(9) PRESENT POSTOFFICE OF FATHER Lugoff SC

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Lugoff SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Murphy

(15) PRESENT POSTOFFICE OF MOTHER Lugoff SC

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Lugoff SC

(19) OCCUPATION Housewife

(21) 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 1/2 M. on the date above stated. (Born alive ~~or stillborn~~) (Hour A. M. or P. M.)

(23) (Signature) Midwife Hattie Murphy Lugoff SC
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Filed 7/15/12 1912 (28) R. H. [Signature] 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, 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.
 McCay, of Columbia.