

WHILE 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 6.

(1) PLACE OF BIRTH County of <u>Willkingsburg</u> Township of <u>Iron Key</u> or Inc. Town of or City of		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		50737	
Registration District No. <u>4311</u>		Registered No. <u>15</u> (For use of Local Registrar)			
(2) Full Name of Child <u>Nesmes Samuel Nesmith</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 5, 1916</u> (Name of Month) (Day) (Year)	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Samuel Nesmith</u>			(14) NAME BEFORE MARRIAGE <u>Mary Presley</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Nesmith</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Nesmith</u>		
(10) COLOR OR RACE <u>Negu</u>			(16) COLOR OR RACE <u>Negu</u>		
(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)		
(12) BIRTHPLACE <u>Willkingsburg</u>			(18) BIRTHPLACE <u>Willkingsburg</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8 P.M.</u> (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Emma Jones</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
(26) Witness <u>Samuel Nesmith</u> (Signature of Witness necessary only when question 28 is signed by mother)					
(27) Filed <u>Feb. 1916</u> (28) <u>W. E. Swindm</u> 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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