

Form No. 10. MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A MACHINE-PRINTED FORM. 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 2.  
 Med. W. of Columbia

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

File No.—For State Registrar Only  
**45985**

(1) PLACE OF BIRTH  
 County of Darlington  
 Township of High Hill  
 Inc. or Town of ..... Registration District No. 1503 Registered No. 3  
 or ..... (For use of Local Registrar)  
 City of ..... (No. .... 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 Lawton Baesh } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 19, 1916  
To be answered only in case of Twins or Triplets (Same of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Wesley Baesh  
 (9) PRESENT POSTOFFICE OF FATHER Darlington  
 (10) COLOR OR RACE Coe (11) AGE AT LAST BIRTHDAY 28  
(Years)  
 (12) BIRTHPLACE Darlington Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Bessie Brown  
 (15) PRESENT POSTOFFICE OF MOTHER Darlington  
 (16) COLOR OR RACE Coe (17) AGE AT LAST BIRTHDAY 23  
(Years)  
 (18) BIRTHPLACE Darlington Co  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

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

(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Allen J. Sasser  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Darlington #1

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

(26) Witness J. S. Howle (Signature of Witness necessary only when question 23 is signed by marky)  
 (27) Filed July 8, 1916 (28) J. S. Howle 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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