

Form No. 10. 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.

1. PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Willamette</u>		STATE OF SOUTH CAROLINA.		50739	
Township of <u>Irving</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>43.11</u>		Registered No. <u>13</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St. Ward)		(For use of Local Registrar)	
2. Full Name of Child <u>James Nesmith</u>		If child is not yet named, make supplemental report as directed			
3. BOY OR GIRL? <u>by</u>	4. Twin or Triplet? <u>No</u>	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Feb. 1, 1916</u>	(Name of Month) (Day) (Year)
FATHER.			MOTHER.		
8. FULL NAME <u>Sam H. Nesmith</u>			14. NAME BEFORE MARRIAGE <u>Ada Farmer</u>		
9. PRESENT POSTOFFICE OF FATHER <u>Nesmith S.C.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Nesmith</u>		
10. COLOR OR RACE <u>Negro</u>			16. COLOR OR RACE <u>Negro</u>		
11. AGE AT LAST BIRTHDAY <u>30</u> (Years)			17. AGE AT LAST BIRTHDAY <u>30</u> (Years)		
12. BIRTHPLACE <u>Willamette</u>			18. BIRTHPLACE <u>Willamette</u>		
13. OCCUPATION <u>Farmer</u>			19. OCCUPATION <u>Housewife</u>		
20. Number of children born to mother, including present birth <u>6</u>			21. Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
22. I hereby certify that I attended the birth of this child, who was <u>born alive</u> , on the date above stated.					
23. (Signature) <u>Alroy Green</u>			24. Address of Physician or Midwife <u>5 A. M.</u>		
25. State whether Physician or Midwife			26. Address of Physician or Midwife		
Given name added from a supplemental report			27. Witness <u>W. D. Brown</u>		
191.....			28. Signature of Witness necessary only when question 22 is signed by mark		
Registrar			29. Filed <u>Feb 17, 1916</u>		
			30. Local Registrar <u>W. D. Brown</u>		

*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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