

FORM NO. 10. MARIAGE REGISTERED UNDER THE MARRIAGE ACT. THIS IS A PERMANENT RECORD. WITH UNFAIRING INK—THIS IS A PERMANENT RECORD. 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.

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

File No.—For State Registrar Only
43285

(1) PLACE OF BIRTH
 County of Hot Springs
 Township of Greenwood
 Inc. Town of _____
 City of _____
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 2506 Registered No. 93
 (For use of Local Registrar)
 St.: _____ Ward)
 2) Full Name of Child O. Dell Boss Lee If child is not yet named, make supplemental report as directed

(3) BOY GIRL (4) Twin or triplet? one (5) Number in order of birth 1 (6) Are Parent Married? yes (7) DATE OF BIRTH Dec 21 1915
To be marked only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME O. H. Lee
 (9) PRESENT POSTOFFICE OF FATHER Loris S C
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE Sherry Co
 (13) OCCUPATION Saw milling
 (14) Number of children born to mother, including present birth ten

MOTHER.

(14) NAME BEFORE MARRIAGE Lois Dorman
 (15) PRESENT POSTOFFICE OF MOTHER Loris S C
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE Piney me
 (19) OCCUPATION house wife
 (21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _____ at _____
 on the date above stated. Born alive _____ (Year, M., or P. M.)
 (23) (Signature) C. J. Davis Bullard
 (24) State whether Physician or Midwife (25) Address of _____ Midwife Loris S C

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 29 1915 (28) S. P. Bryant 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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