

## (1) PLACE OF BIRTH

County of Albermarle S.C.Township of Smithvilleor  
Inc. Town of.....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 Novella Prophet If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? first (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 30, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Shilo Prophet(9) PRESENT POSTOFFICE OF FATHER Greenwood S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40  
(Years)(12) BIRTHPLACE Smithville(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Roxie Fuller(15) PRESENT POSTOFFICE OF MOTHER Greenwood S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE Edgefield S.C.(19) OCCUPATION Farming(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 8 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elizabeth Prophet(24) State whether Physician or Midwife (25) Address of Physician or Midwife Smithville S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 31, 1916 (28) R. B. Jones  
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.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

71056

Registration District No. 110 Registered No. 28  
(For use of Local Registrar)MARGEN REMOVED FOR REASONING  
THIS FORM IS A PERMANENT RECORD  
IT IS THE DUTY OF THE REGISTRAR TO PRESERVE IT  
N. H.—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.  
MCGRAW OF COLUMBIA, COLUMBIA, S. C.