

Form No. 1

(1) PLACE OF BIRTH

County of HarryTownship of Harryor
Inc. Town of Harryor
City of Harry

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

64760

Registration District No. 25A Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Bernard Harrison Smith { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl(4) Twin or Triplet? Trin(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH June 15 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Smith(9) PRESENT POSTOFFICE OF FATHER Harry S. C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION brick layer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Brown(15) PRESENT POSTOFFICE OF MOTHER Corway S. C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION at home(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:00 A.M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Ballie Bernice(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Corway S. C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 21, 1916 (28) Attest 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.

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.
Caw. of Columbia