

FORM NO. 1.

(1) PLACE OF BIRTH

County of PickensTownship of Cowleyor
Inc. Town of

City of

(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
50219Registration District No. 3702 Registered No. 11
(For use of Local Registrar)(2) Full Name of Child Emily Smith { If child is not yet named, make supplemental report as directed

(3) Boy or Girl?	(4) Twin or Triplet?	(5) Number in order of birth <u>2</u> <small>To be answered only in case of Twin or Triplet</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Jan 31 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ben Tillman Smith(9) PRESENT POSTOFFICE OF FATHER Cowley(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Pickens S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Kay(15) PRESENT POSTOFFICE OF MOTHER Cowley(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Pickens Co. S.C.(19) OCCUPATION Home-keeping(21) 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 alive at 10 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. J. Sulland(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cowley S.C.

Given name added from a supplemental report

(26) Witness B. J. Smith
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 7 1916 (28) E. H. Wyatt
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.

WHITE 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.

McCaw, of Columbia