

Form No. 1

(1) PLACE OF BIRTH

County of LenoirTownship of SwampInc. Town of _____
or _____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

78032

Registration District No. 2102 Registered No. 99
(For use of Local Registrar)(2) Full Name of Child Nathaniel Smith { If child is not yet named, make supplemental report as directed

(3) SEX OR Other	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only for twins or triplets</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Aug 25 1912</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Murray Smith(9) PRESENT POSTOFFICE OF FATHER Swansea O.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Swansea O.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lilly Jones(15) PRESENT POSTOFFICE OF MOTHER Swansea O.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Swansea O.C.(19) OCCUPATION Keeper(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 born at 1030 P M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Jones(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Swansea

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness

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

(27) Filed Sept 13 1912 (28) J. R. Sanford
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.
McCoy, of Columbia