

(1) PLACE OF BIRTH

### CERTIFICATE OF BIRTH

File No. — For State Registrar Only

79280

County of Greenville

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Green Springs

Registration District No. 407-5

Registered No. 92

(For use of Local Registrar)

or Town of

or

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

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept 18 1916

To be answered only in event of Twins or Triplets.

(Name of Month) (Day) (Year)

#### FATHER.

#### MOTHER.

(8) FULL NAME Prof. Smith

(14) NAME BEFORE MARRIAGE Kate Lawson

(9) PRESENT POSTOFFICE OF FATHER Reelin 2

(15) PRESENT POSTOFFICE OF MOTHER Reelin 2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE A. S.

(18) BIRTHPLACE D. C.

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2

(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 Reelin 2 Greenville S. C. on the date above stated. (Born alive or stillborn) (Hour 11 P. M.)

(23) (Signature) D. H. Smith M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Green Springs

Given name added from a supplemental report

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

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(27) Filed Sept 22 1916 (28) J. C. White Local Registrar.

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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