

(1) PLACE OF BIRTH

County of *Lancaster*Township of *Blue*

or

Inc. Town of

or

(City of

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

(2) Full Name of Child *Mrs. Helen Smith*

File No.—For State Registrar Only

4418

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *2904* Registered No. *10*

(For use of Local Registrar)

St. *10* Ward

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

(3) BOY OR GIRL *girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Feb. 2 23*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *John Smith*(9) PRESENT POSTOFFICE OF FATHER *Watts Mill*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *24*

(Years)

(12) BIRTHPLACE *N.C.*(13) OCCUPATION *Mill Operator*(14) Number of children born to mother, including present birth *11*

MOTHER.

(15) NAME BEFORE MARRIAGE *Ela Anderson*(16) PRESENT POSTOFFICE OF MOTHER *Watts Mill*(17) COLOR OR RACE *White*(18) AGE AT LAST BIRTHDAY *22*

(Years)

(19) BIRTHPLACE *N.C.*(20) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *13*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *Watts Mill* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Helen Smith*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Watts Mill*

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 *Feb 3 1913*

(28)

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.

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