

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. For State Registrar Only  
62948

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics

County of Williamsburg State Board of Health  
Township of Williamsburg

Inc. Town of ..... Registration District No. 3th Registered No. 35  
(For use of Local Registrar)  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name same instead of street and number.)

(2) Full Name of Child J. H. Smith { 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 June 2, 1916  
To be answered only in case of twins or triplets Name of Month (Day) (Year)

FATHER.  
(8) FULL NAME Luther C. Smith  
(9) PRESENT POSTOFFICE OF FATHER Piedmont DC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE DC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE M. Pearl Clardy  
(15) PRESENT POSTOFFICE OF MOTHER Piedmont  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE DC  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 730 P M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. H. M. M. M.  
(24) Physician (25) Piedmont DC  
Mark whether Physician or Midwife Address of Physician or Midwife

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 June 3, 1916 (28) J. H. M. M. M. 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.

Registrar | ..... 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THIRD OFFICE, No. 2, etc., in question 5.

WHEAT M. CRAWFORD, Registrar