

Form No. 8

(1) PLACE OF BIRTH

### CERTIFICATE OF BIRTH

FILE NO. For State Registrar Only

County of

*Charleston*

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

27594

Township of

*Wadswell*

Registration District No.

*913*

Registered No.

*30*

(For use of Local Registrar)

or  
Inc. Town of

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

*Mary Ann Smiley*

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

(3) BOY OR GIRL?  
*Girl*

(4) Twin or Triplet?  
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?  
*Yes*

(7) DATE OF BIRTH

*Sept 11 1928*  
(Name of Month) (Day) (Year)

#### FATHER

#### MOTHER

(8) FULL NAME

*James Smiley*

(14) NAME BEFORE MARRIAGE

*Esther Hayward*

(9) PRESENT POSTOFFICE OF FATHER

*North Post*

(15) PRESENT POSTOFFICE OF MOTHER

*North Post*

(10) COLOR OR RACE

*Black*

(11) AGE AT LAST BIRTHDAY

*34*  
(Year)

(16) COLOR OR RACE

*Black*

(17) AGE AT LAST BIRTHDAY

*32*  
(years)

(12) BIRTHPLACE

*Wadswell*

(18) BIRTHPLACE

*Wadswell*

(13) OCCUPATION

*Houseman*

(19) OCCUPATION

*Housewife*

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

*5*

(21) Number of children of this mother, now living, including present birth

*5*

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Richard J. Young, M.D., North Post*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28)

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.