

(1) PLACE OF BIRTH
County of Columbia
Township of Fairview
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.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 10.—For State Registrar Use
17812

Registration District No..... Registered No.....
(For use of Local Registrar)

(2) Full Name of Child..... If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>MALE</u>	(4) Twin or Triplet <u>✓</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>7</u>	(6) Age Parents Married <u>4y</u>	(7) DATE OF BIRTH <u>June 20, 1912</u> (Month) (Day) (Year)
(8) FULL NAME OF FATHER <u>James Kay Smith</u>			(9) FULL NAME OF MOTHER <u>Mary Ed Boyd</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Fountain Inn S.C.</u>			(10) PRESENT POSTOFFICE OF MOTHER <u>Fountain Inn S.C.</u>	
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(12) COLOR OR RACE <u>Blk</u>	(13) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(14) BIRTHPLACE <u>S.C.</u>		(15) BIRTHPLACE <u>S.C.</u>		
(16) OCCUPATION <u>Farmer</u>		(17) OCCUPATION <u>Housework</u>		
(18) Number of children born to mother, including present birth <u>7</u>		(19) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.....
on the date above stated.

(23) (Signature) H. B. Stewart
(24) State Physician or Midwife (25) Address Fountain Inn S.C.

Given name added from a supplemental report

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

(27) Filed..... (28)..... (29).....
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.