

Form No. 1.

(1) PLACE OF BIRTH

County of Louise

Township of

or
Inc. Town of

or
City of Louise (No. 27 S. Douglas St. Ward)

(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

File No.—For State Registrar Only

46174

Registration District No. 20-A Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Clau de Wilson Smith

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1, 7, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herman A. Smith

(9) PRESENT POSTOFFICE OF FATHER Louise SC

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Florida

(13) OCCUPATION Mgr. 7th Steam Sh.

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Compton

(15) PRESENT POSTOFFICE OF MOTHER HC Louise

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE NC

(19) OCCUPATION Dom

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 7 a.m. (Born alive or stillborn) (Hour, A. M. or P. M.) on the date above stated.

(23) (Signature) W. H. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife M. E. Louise 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 Jan 10 1916 (28) C. C. Craft, M.D. Local Registrar

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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

McCaw, of Columbia.

*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.