

Form No. 1.

(1) PLACE OF BIRTH

County of Lorance

Township of "

or
Inc. Town of Lorance

or
City of Lorance (No. 20-A)

(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

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?

To be answered only in case of Twins or Triplets

(5) Number in order of birth 4

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

1 7 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Herman A. Smith

(9) PRESENT POSTOFFICE OF FATHER

Lorance SC

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

33 (Years)

(12) BIRTHPLACE

Florida

(13) OCCUPATION

Mgr for Steam Ship

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Lis Compton

(15) PRESENT POSTOFFICE OF MOTHER

HC Lorance

(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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. H. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M. L. Lorance 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 JUN 10 1916

(28) C. C. Craft M. L. 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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.
McCauley of Columbia.