

FORM NO. 1.

(1) PLACE OF BIRTH

County of Durham

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

Township of PiedmontInc. Town of PiedmontCity of PiedmontRegistration District No. 27CRegistered No. 11

(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child James Earl Smith

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 9, 1916</u>
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)	

FATHER.

(8) FULL NAME John H. Smith(9) PRESENT POSTOFFICE OF FATHER Piedmont(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Olga Simpson(15) PRESENT POSTOFFICE OF MOTHER Piedmont(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE SC(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive, at 1:30 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. L. Phillips(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

191....

Registrar

(26) Witness R. L. Phillips

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

(27) Filed Feb 10, 1916 (28) R. L. Phillips

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 INDEXING. 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.