

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA.		87388	
Township of <u>Buck Spring</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Wellford S.C.</u>		State Board of Health			
City of <u>Wellford S.C.</u>		Registration District No. <u>4-00013</u>		Registered No. <u>73</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Vernon Smith</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Mar 3 1916</u>	(8) (Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(8) FULL NAME <u>Louis Smith</u>			(14) NAME BEFORE MARRIAGE <u>Georgia Alexander</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wellford S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wellford S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Spartanburg Co S.C.</u>			(18) BIRTHPLACE <u>Spartanburg Co S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Four (4)</u>			(21) Number of children of this mother now living, including present birth <u>two (2)</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> , at <u>1220</u> <u>a.m.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. D. Vernon</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Wellford S.C.</u>					
Given name added from a supplemental report					
....., 191.....					
..... Registrar					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Mar 30 1916</u> (28) <u>S. B. Moore</u> 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.

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