

Form No 1.

(1) PLACE OF BIRTH
County of Sumter
Township of Privateer

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

File No. — For State Registrar Only
50581

Inc. Town of Registration District No. H-104 Registered No. 9
(For use of Local Registrar)
City of (No.) (If birth occurs in a hospital or other institution, give name of same instead of street and number)

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

(3) BOY OR GIRL Girl (4) Twin or triplet? Yes (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 25
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bunyan Smith
(9) PRESENT POSTOFFICE OF FATHER Fairdale R#180
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35
(Years)
(12) BIRTHPLACE Sumter Co S.C.
(13) OCCUPATION Farm work
(14) Number of children born to mother, including present birth { 8

MOTHER.

(14) NAME BEFORE MARRIAGE Gilpha Singleton
(15) PRESENT POSTOFFICE OF MOTHER Fairdale S.C. R#1
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35
(Years)
(18) BIRTHPLACE Sumter Co S.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born, alive or stillborn) (Time A.M. or P.M.)
on the date above stated.

(23) (Signature) Familly Singleton
(24) State whether Physician or Midwife (For address of Physician or Midwife)
Midwife Fairdale S.C. R#1

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)
Adas B. Holt

(26) Filed Feb 26 1911 (27) 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.
WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. R.—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 2.
Craw. of Columbia.