

WRITE PLAINLY, WITH LEADING 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 6.

(1) PLACE OF BIRTH

County of Columbia

Township of

or
Inc. Town of

City of Columbia

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

(2) Full Name of Child

Non Virginia Chantel child is not yet named, make supplemental report as directed

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18853

Registration District No. 2093 Registered No. 205
(For use of Local Registrar)

(No. 1 St. 1 Ward)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 2, 1902
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Wm. J. Smith

(9) PRESENT POSTOFFICE OF FATHER Columbia

(10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE C.C.

(13) OCCUPATION Electrician

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

MOTHER

(14) NAME BEFORE MARRIAGE Ellie Smith

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE C.C.

(19) OCCUPATION Housewife

(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 born alive at 2:15 M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. P. Smith

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

Given name added from a supplemental report

(26) Witness John J. Smith Signature of Witness necessary only when question 23 is signed by mark

(27) Filed Dec. 1, 1902 (28) Local Registrar J. P. Smith

When the attending physician or midwife, the father, householder, etc., should make this return. If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the ninth month of pregnancy.