

WRITE PLAINLY, WITH UNFADING INK.

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.
McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Saluda
Township of No. 6
or
Inc. Town of
or
City of
(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

74643

Registration District No. 3985 Registered No. 31
(For use of Local Registrar)

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

(3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH
To be answered only in event of Twins or Triplets No. Aug. 23 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth { 1

(14) NAME BEFORE MARRIAGE Mary Smith
(15) PRESENT POSTOFFICE OF MOTHER Lyson S.C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Greenwood
(19) OCCUPATION Farm girl
(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. E. Stephens

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

Given name added from a supplemental report
....., 191....
.....
Registrar

(26) Witness Mrs. J. E. Mitchell
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 8 1916. (28) Mrs. J. E. Mitchell
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.