

(1) PLACE OF BIRTH
 County of Saluda
 Township of No. 6
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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. 3905 Registered No. 31
 (For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No.</u>	(7) DATE OF BIRTH <u>Aug. 23, 1914</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(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 }

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Smith

(15) PRESENT POSTOFFICE OF MOTHER W. P. 2000 S.C.

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY (Years) 23

(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. L. Stephens

(24) State whether Physician or Midwife (25) Address of Physician or Midwife W. P. 2000 S. C.

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, 1914 (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.

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.