

(1) PLACE OF BIRTH

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

Township of Sumner

or Inc. Town of Registration District No. 14005 Registered No. 102
 (For use of Local Registrar)

or City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 19 1914
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME W. H. Smith
 (9) PRESENT POSTOFFICE OF FATHER Ennis R # 3
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE Marion S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Lilly Tucker
 (15) PRESENT POSTOFFICE OF MOTHER Ennis R # 2
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Marion S.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 4 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harry Sumner
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Ennis R # 2

Given name added from a supplemental report

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

(27) Filed Nov 22 1914 (28) J. B. White 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.