

Form No 1.

## (1) PLACE OF BIRTH

County of YorkTownship of Broadview

Inc. Town of \_\_\_\_\_

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

47731

Registered No. 6  
(For use of Local Registrar)(2) Full Name of Child Brother Smith

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 20 1916  
(Name Month (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME James J. Smith(14) NAME BEFORE MARRIAGE Missie Puckett(9) PRESENT POSTOFFICE OF FATHER Summerville(15) PRESENT POSTOFFICE OF MOTHER Summerville(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 29  
(Years)(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE York Co(18) BIRTHPLACE York Co(13) OCCUPATION Farmer(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1(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 born at Summerville,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Missie Puckett(24) State whether Physician or Midwife (25) Address of Physician or Midwife Summerville

Given name added from a supplemental report

(26) Witness James J. Smith

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 20 1916

(28)

Local Registrar C. W. Kirby

\*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.

WHITE PLAINLY, WITH UNFADING 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 5.

McCaw, of Columbia.