

Form No 1.

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.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>54156</b>	
County of <u>York Co.</u> Township of <u>Broad River</u> 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.)				Registered No. <u>18</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Joe Nathaniel Smith</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 20</u> 19 <u>16</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>J. Walter Smith</u>			(14) NAME BEFORE MARRIAGE <u>Cora Lee Smith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Sumner, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumner, S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>17</u> (Years)			
(12) BIRTHPLACE <u>York Co.</u>			(18) BIRTHPLACE <u>York Co.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth { <u>1</u>			(21) Number of children of this mother now living, including present birth { <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (22) I hereby certify that I attended the birth of this child, who was <u>B. alive</u> at <u>9</u> <u>—</u> <u>M.</u> on the date above stated. (Horn alive or stillborn) (Hour A. M. or P. M.) (23) Signature <u>B. A. Miller</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Sumner, S.C.</u> <u>affid</u>		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>W. J. C. Kirby</u> (27) Date <u>Dec 20</u> 19 <u>16</u> (28) <u>W. J. C. Kirby</u> Local Registrar
Given name added from a supplemental report <u>3/8/43</u> , 19 <u>16</u> <u>M. R. Woodward M.D.</u> 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 stillbirth before the fifth month of pregnancy.