

CERT. NO. 10. MARGIN RESERVED FOR BINDING. WRITE 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
 County of RICHLAND STATE OF SOUTH CAROLINA.
 Township of LOWER Bureau of Vital Statistics
 Inc. Town of Hopkins State Board of Health
 City of Hopkins Registration District No. 3803 Registered No. 161
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
 66063

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 15 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>French Smith</u>			(14) NAME BEFORE MARRIAGE <u>Lattie Carter</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hopkins</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hopkins</u>	
(10) COLOR OR RACE <u>negr</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>negr</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Hopkins</u>			(18) BIRTHPLACE <u>Hopkins</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>—</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>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ray J. ...
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hopkins

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness Wm. J. ...
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 6/20 1916 (28) F. M. Smith 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.

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