

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 Darlington

Township of Society Hill

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  
**72364**

Registration District No. 1510 Registered No. 43

(For use of Local Registrar)

(2) Full Name of Child Rena 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, 29, 1916</u><br>(Name of Month) (Day) (Year) |
| FATHER.   |  |                                 | MOTHER.  |   |
| (8) FULL NAME <u>Pom Smith</u>  |  |                                 | (14) NAME BEFORE MARRIAGE <u>Leta Aultman</u>  |   |
| (9) PRESENT POSTOFFICE OF FATHER <u>Society Hill, S.C.</u>                |  |                                 | (15) PRESENT POSTOFFICE OF MOTHER <u>Society Hill, S.C.</u>                          |   |
| (10) COLOR OR RACE <u>negro</u>   | (11) AGE AT LAST BIRTHDAY <u>40</u><br>(Years) | (16) COLOR OR RACE <u>negro</u> | (17) AGE AT LAST BIRTHDAY <u>39</u><br>(Years)                                       |   |
| (12) BIRTHPLACE <u>Darlington Co.</u>                                     |  |                                 | (18) BIRTHPLACE <u>Darlington Co.</u>  |   |
| (13) OCCUPATION <u>Farmer</u>   |  |                                 | (19) OCCUPATION <u>Housewife</u>   |   |
| (20) Number of children born to mother, including present birth <u>10</u> |  |                                 | (21) Number of children of this mother now living, including present birth <u>10</u> |   |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Suzanna Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Housewife | Society Hill, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Aug. 1, 1916 (28) Ann S. S. S. 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.