

## (1) PLACE OF BIRTH

County of DarlingtonTownship of Society Hillor  
Inc. Town of

## 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. 443  
(For use of Local Registrar)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 Rena Smith { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June, 29, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Pom Smith

(9) PRESENT POSTOFFICE OF FATHER Society Hill, S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40  
(Years)

(12) BIRTHPLACE Darlington Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { ..... 10 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Leta Aultrich

(15) PRESENT POSTOFFICE OF MOTHER Society Hill, S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 39  
(Years)

(18) BIRTHPLACE Darlington Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { ..... 10 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miss Anna Smith

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

Midwife 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) Anna M. Mays 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.

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.