

## (1) PLACE OF BIRTH

County of ColletonTownship of Verden

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41882

Registration District No. 1409 Registered No. 80

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam Smith(9) PRESENT POSTOFFICE OF FATHER Halluloro SC(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 71 (Years)(12) BIRTHPLACE SC.(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Jerids(15) PRESENT POSTOFFICE OF MOTHER Halluloro(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE SC.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Clara Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) File No. 1409-80

(28) Local Registrar

When there was no attending physician or midwife, when 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.