

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.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA		85716	
Township of .....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>22</u>		Registered No. <u>470</u>	
or				(For use of Local Registrar)	
City of <u>Greenville</u>		(No. <u>1000 E 7th St</u> )		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 <u>Leda Letta Smith</u>				If child is not yet named, make supplemental report as directed.	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yo</u>	(7) DATE OF BIRTH <u>Oct 21</u> , 19 <u>16</u>	
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)					
FATHER			MOTHER		
(8) FULL NAME <u>William S. Smith</u>			(14) NAME BEFORE MARRIAGE <u>Fannie Wilson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, SC</u>		
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Greenville C. H.</u>			(18) BIRTHPLACE <u>Durham, Co., N.C.</u>		
(13) OCCUPATION <u>Mechanic</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3<sup>30</sup></u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>R.C. Ducey</u>			(25) Address of Physician or Midwife <u>Greenville, SC</u>		
(24) State whether Physician or Midwife <u>Physician</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
			<u>Cl. Smith</u>		
, 19 <u>16</u> Registrar			(27) Filed <u>Dec 4</u> , 19 <u>16</u> (28) <u>Cl. Smith</u> 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.