

MAINTAINED FOR RECORDING.
WHILE PLACED. WHEN UNFOLDING INK—THIS IS A PERMANENT RECORD.
No. 2.—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.
McCOMB of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Cherokee</u>		STATE OF SOUTH CAROLINA.		88875	
Township of		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
or City of <u>Gaffney</u>		Registration District No. <u>100</u>		Registered No. <u>169</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Ellen Smith</u>				If child is not yet named, make supplemental report as directed	
(3) <u>Girl</u>	(4) Twin or Triplet? <u>Single</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 14</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Thomas Smith</u>	(14) NAME BEFORE MARRIAGE <u>Nicola Oglesby</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney</u>				
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>		
(12) BIRTHPLACE <u>Gaffney S.C.</u>	(18) BIRTHPLACE <u>Gaffney S.C.</u>				
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farming</u>				
(20) Number of children born to mother, including present birth <u>17</u>	(21) Number of children of this mother now living, including present birth <u>2</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>5 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>O. L. Harris</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness		
....., 191.....			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>12/17</u> , 191 <u>6</u> (28) <u>M. J. 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.