

CERTIFICATE OF BIRTH

County of

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of

or

Inc. Town of

or

City of

Registration District No. 1285-

Registered No. 100.

(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

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 5, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Sam J. Smith.</u>			(14) NAME BEFORE MARRIAGE <u>Susie Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Porty S.C. #1.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Porty S.C. #1.</u>	
(10) COLOR OR RACE <u>white.</u>	(11) AGE AT LAST BIRTHDAY <u>32.</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>27.</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Chesterfield Co S.C.</u>			(18) BIRTHPLACE <u>Chesterfield Co S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth { <u>6-</u>			(21) Number of children of this mother now living, including present birth { <u>5-</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) P.O.H. Dr. Newcom

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

Physician Porty S.C.

Given name added from a supplemental report

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

(27) Filed 1916 (28) J. T. Givers 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.

Caw. of Columbia.