

## (1) PLACE OF BIRTH

County of GreenwichTownship of Greenwichor  
Inc. Town of Greenwichor  
City of Greenwich

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

56067

Registration District No. 2106 Registered No. 39

(For use of Local Registrar)

(2) Full Name of Child Mr. M. C. Smith { If child is not yet named, make supplemental report as directed(a) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 23, 1911  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Lucy Cullerton</u>	(14) NAME BEFORE MARRIAGE <u>Lula Harrison</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenwich</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenwich</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(12) BIRTHPLACE <u>Laurens Co.</u>	(18) BIRTHPLACE <u>Greenwich Co.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House Work</u>
(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) M. C. Smith

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

Physician Greenwich S.C.

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 10, 1911 (28) J. D. Duckett 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. R.—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 2.  
 McCaw, of Columbia.