

Form No 1.

(1) PLACE OF BIRTH

County of York  
Township of .....

or  
Inc. Town of .....  
or  
City of York

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

45006

Registration District No. 44B Registered No. 186  
(For use of Local Registrar)

City of ..... (No. ....) SL; ..... Ward)  
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Elizabeth { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? G (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 2 1900  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wade C. Smith  
(9) PRESENT POSTOFFICE OF FATHER York  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32 (Years)  
(12) BIRTHPLACE York Co S.C.  
(13) OCCUPATION Merchant  
(20) Number of children born to mother, including present birth { 4

MOTHER.

(14) NAME BEFORE MARRIAGE Miss W. C. Smith  
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE Maryland  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 10 at 3:00 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) David 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) Filed 191 (28) 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. WHITE 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 5. McGraw, of Columbia.