

(1) PLACE OF BIRTH

County of Darby

Township of

or

Inc. Town of Lawney S.C.

or

City of

(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

64761

Registration District No. 25 A Registered No. 19

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>yes</u> <small>To be answered only in event of Twin or Triplets</small>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 15, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Paul Smith(9) PRESENT POSTOFFICE OF FATHER Lawney S.C.(10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION brick layer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Leasia Brown(15) PRESENT POSTOFFICE OF MOTHER Lawney S.C.(16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION at home(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. Edgar Smith(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lawney S.C.

Given name added from a supplemental report

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Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 21, 1916 (28) J. Edgar Smith
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.

MARION RECORDED FOR BIRTH
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. 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.
 S. C. W. of Columbia