

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64761

## (1) PLACE OF BIRTH

County of Darby

Township of .....

or

Inc. Town of Lowmyer S.C.

or

City of .....

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

Registration District No. 25A 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 Lowmyer 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 Lessie Brown(15) PRESENT POSTOFFICE OF MOTHER Lowmyer 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 8:22 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lessie Brown

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

MidwifeLowmyer S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

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.  
Cav. of Columbia