

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.

(1) PLACE OF BIRTH

County of Saluda

Township of # 2

Inc. Town of or

City of (No. ....)

(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

66111

Registration District No. 2101 Registered No. 64

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL girl (4) Twin or Triplet? 9 (5) Number in order of birth 9 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 29, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robt Hazard

(9) PRESENT POSTOFFICE OF FATHER Ridge Spring St

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 44  
(Years)

(12) BIRTHPLACE Saluda Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Artemus

(15) PRESENT POSTOFFICE OF MOTHER Ridge Spring St

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 44  
(Years)

(18) BIRTHPLACE Saluda Co

(19) OCCUPATION Housekeeping

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. B. Smith M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 745 Ridge Spring St

(Given name added from a supplemental report

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

(27) Filed July 8, 1916 (28) J. S. Branch 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.

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