

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

Ruby Harris Smith

File No.—For State Registrar Only

52292

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 22 A Registered No. 106

(For use of Local Registrar)

St.; 5 Ward

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

(3) SEX OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

R. D. Smith

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

45 (Years)

(12) BIRTHPLACE

Greenville Co. S.C.

(13) OCCUPATION

Physician

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

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucie M. Harris

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28 (Years)

(18) BIRTHPLACE

Greenville Co. S.C.

(19) OCCUPATION

Domestic

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M., on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature)

C. C. West

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Sept 10, 1916C. C. West Registrar

(26) Witness

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

(27) Filed Mar 2 1916(28) C. C. West 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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MAKING SEPARATE BLANKS FOR EACH CHILD, AND MARK THE
 WITH PLAINLY. WITH UNBORN TWINS OR TRIPLETS, NO. 1. THIS OTHER, NO. 2, ETC., IN QUESTION 2.
 FIRST-BORN, NO. 1. THIS OTHER, NO. 2, ETC., IN QUESTION 2.
 McCay of Columbia