

NOTE—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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Columbia</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		88614	
Township of .....		Registration District No. <u>8A</u>		Registered No. <u>55</u>	
or Inc. Town of <u>St. Matthews S.C.</u>				(For use of Local Registrar)	
or City of .....		(No. .... St.; .... Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>John Wesley Smith</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Dec. 18, 1916</u>	
		To be answered only in case of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME <u>Jacob Smith</u>	(14) NAME BEFORE MARRIAGE <u>Martha Ann Smith</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Riversville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>St. Matthews S.C.</u>				
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>16</u>		
(12) BIRTHPLACE <u>South Carolina</u>		(18) BIRTHPLACE <u>South Carolina</u>			
(13) OCCUPATION <u>Railroad Section Laborer</u>		(19) OCCUPATION <u>Laundress</u>			
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>9</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Gane X. Smith</u>		(24) State whether Physician or Midwife <u>midwife</u>			
(25) Address of Physician or Midwife <u>St. Matthews S.C.</u>					
Given name added from a supplemental report		(26) Witness <u>D. R. Abbe</u>			
		(Signature of Witness necessary only when question 23 is signed by mark)			
19 .....		(27) Filed <u>Dec. 22, 1916</u>			
Registrar		(28) <u>D. R. Abbe</u> 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.					