

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Murin STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Jonesville State Board of Health

File No.—For State Registrar Only

79590

Inc. Town of Registration District No. 4204 Registered No. 68
 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 Levin Smith } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Male (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 28 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eulysse Smith
 (9) PRESENT POSTOFFICE OF FATHER Jonesville
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Murin Co.
 (13) OCCUPATION Painter

MOTHER.

(14) NAME BEFORE MARRIAGE Theodora Hughes
 (15) PRESENT POSTOFFICE OF MOTHER Jonesville
 (16) COLOR OR RACE Black AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE Murin Co.
 (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth { 1 }
 (21) Number of children of this mother now living, including present birth { 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 10 o'clock, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) midwife (24) State whether Physician or Midwife

(25) Address of Physician or Midwife Jonesville S.C.

Given name added from a supplemental report

(26) Witness C. N. Alexander

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

(27) Filed 191 (28) C. N. Alexander 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN No. 1, THE OTHER No. 2, etc., in question 2.
 McCaw of Columbia