

(1) PLACE OF BIRTH

**CERTIFICATE OF BIRTH**

File No.—For State Registrar Only

County of Murin

STATE OF SOUTH CAROLINA.

79590

Township of Juniata

Bureau of Vital Statistics  
State Board of Health

or  
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 Levon Smith

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

(3) BOY OR GIRL? Male (4) Twin or Triplet? no (5) Number in order of birth 1 (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.

MOTHER.

(8) FULL NAME Eulysse Smith

(14) NAME BEFORE MARRIAGE Theodora Hughes

(9) PRESENT POSTOFFICE OF FATHER Juniata

(15) PRESENT POSTOFFICE OF MOTHER Juniata

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Murin Co.

(18) BIRTHPLACE Murin Co.

(13) OCCUPATION Painter

(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 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

(25) Address of Physician or Midwife Juniata 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.

WAITS PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 MOTHER'S BIRTH, FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
 McCaw of Columbia