

FORM NO. 3

MARGIN RESERVED FOR BINDING.

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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of *Greenwood*Township of *Greenwood*

Inc. Town of

City of

(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

85919

Registration District No. *2304*Registered No. *171*

(For use of Local Registrar)

(2) Full Name of Child

Wm Hayden Smit

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

/

To be answered only in case of Twins or Triplets

(5) Number in order of birth

3

(6) Are Parents Married?

yes

(7) DATE

Nov 10 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm Rufus Smit

(9) PRESENT POSTOFFICE OF FATHER

Greenwood, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

29

(Years)

(12) BIRTHPLACE

Lexington S.C.

(13) OCCUPATION

rice operative

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Lesie Owens

(15) PRESENT POSTOFFICE OF MOTHER

Greenwood, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Jackson S.C.

(19) OCCUPATION

Domestic

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *4:25 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. M. Symmes, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

So. Greenwood, S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed *Dec 4 1916*

(28)

L. R. Brady

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

before the fifth month of pregnancy.