

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71236

(1) PLACE OF BIRTH

County of AndersonTownship of Beltonor
Inc. Town ofor
City of

(No. St.; Ward)

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

Registration District No. 300 Registered No. 123
(For use of Local Registrar)(2) Full Name of Child Glen Iva Smith 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> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 4, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Andrew Mauldin Smith(9) PRESENT POSTOFFICE OF FATHER Belton(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39
(Years)(12) BIRTHPLACE Pickens Co. S C(13) OCCUPATION Cotton mill section Hand Card Room(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Alta Cathey(15) PRESENT POSTOFFICE OF MOTHER Belton S C(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE

(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) C. H. Young(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Belton S C

Given name added from a supplemental report

Huber 70 191 7Belton S C
Belton Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 11, 1916 (28) J. P. Carter
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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINS, 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.

McClary, of Columbia.