

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.

(1) PLACE OF BIRTH
County of Greenville
Township of Highland
or
Inc. Town of
or
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—
10036

Registration District No. 2211 Registered No.
(For use of Local Registrar)

(2) Full Name of Child Nellie Smith { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 10 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 10 1906
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wm. Smith
(9) PRESENT POSTOFFICE OF FATHER Greer #3
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 10

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Forester
(15) PRESENT POSTOFFICE OF MOTHER Greer #3
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth { 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was Child, at 11:10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) D. E. Morrison
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
D. E. Morrison
Campbell

Given name added from a supplemental report
....., 181.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
J. K. Lindsay
(27) Filed 181..... (28) J. K. Lindsay Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should report the birth. 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.
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