

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42549

County of York

Township of

or
Inc. Town of Registration District No. 22A Registered No. 629
(For use of Local Registrar)City of Yorkville (No. 115 Pearl Ave 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. Infant named Frances Pearl (If child has not yet named, make supplemental report as directed)(3) ~~SEX~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? 4 (7) DATE OF BIRTH Nov. 30 1917
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. H. Smith

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE P (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Pearl Cavan(15) PRESENT POSTOFFICE OF MOTHER Yorkville(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE

(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 3:30 P
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. S. Smith (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Meriville St.

Given name added from a supplemental report

8/10/1917 1917
M. H. Woodward, M.D.
Registrar

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

(27) Filed Dec 30 1917 (28) C. E. Smith
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.

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