

(1) PLACE OF BIRTH

County of De Sauter

Township of

or
Inc. Town ofor
City of De Sauter

(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

84656

Registration District No. 9XRegistered No. 1786

(For use of Local Registrar)

St. Ward

(2) Full Name of Child Bernice Elizabeth Smart

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

(3) GIRL?	(4) Twin or Triplet? <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>No</u>	(7) DATE OF BIRTH <u>Nov 17</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME	(14) NAME BEFORE MARRIAGE
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>De Sauter, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY	(17) AGE AT LAST BIRTHDAY <u>17</u>
(12) BIRTHPLACE	(18) BIRTHPLACE <u>De Sauter, S.C.</u>
(13) OCCUPATION	(19) OCCUPATION <u>Mill operator</u>
(20) Number of children born to mother, including present birth { <u>1</u> }	(21) Number of children of this mother now living, including present birth { <u>1</u> }

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Elizabeth Smart</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>De Sauter, S.C.</u>
(16) COLOR OR RACE <u>White</u>
(17) AGE AT LAST BIRTHDAY <u>17</u>
(18) BIRTHPLACE <u>De Sauter, S.C.</u>
(19) OCCUPATION <u>Mill operator</u>
(20) Number of children born to mother, including present birth { <u>1</u> }
(21) Number of children of this mother now living, including present birth { <u>1</u> }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.
on the date above stated. (Born alive or ~~stillborn~~) Hour A. M. or P. M.(23) (Signature) J. A. Riser

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

10/6/43
L. A. Riser
 Registrar

(26) Witness

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

(27) Filed 11/20 1916(28) J. Mercier

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.

When a child is born, 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.

Registrar

Filed 11/20/43

WRITE 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 FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

McCaw, of Columbia