

(1) PLACE OF BIRTH

County of De Sade

Township of

or
Inc. Town of

City of De Sade

(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. 9A

Registered No. 1786

(For use of Local Registrar)

(No. 31 June St.)

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?	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 17</u> , 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Smart

(15) PRESENT POSTOFFICE OF MOTHER De Sade, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17

(18) BIRTHPLACE De Sade, S.C.

(19) OCCUPATION Mill operator

(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 6:45 P. M. on the date above stated. (Born alive or ~~stillborn~~) Hour A. M. or P. M.)

(23) (Signature) [Signature]

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

Given name added from a supplemental report

10/6/43 1916
L. A. Riser, M.D.
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 reports desired of stillbirths before the fifth month of pregnancy.

WHILE 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.
McCay, of Columbia

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