

MARGIN RESERVED FOR BINDING.
 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.
 McCRAW & COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Barnwell
 Township of Wilton
 or
 Inc. Town of
 or
 City of Wilton

(If birth occurs in a hospital or other institution give name of same instead of street and number.)
 (No. 10 St.) (Ward)

(2) Full Name of Child

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Jim Smith
 (9) PRESENT POSTOFFICE OF FATHER Wilton
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37
 (12) BIRTHPLACE Barnwell Co
 (13) OCCUPATION Farm Hand
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Berry
 (15) PRESENT POSTOFFICE OF MOTHER Wilton
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE Barnwell Co
 (19) OCCUPATION House wife
 (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 Alive at 6 M., on the date above stated. (Born alive or stillborn) (Hour M. or P.M.)

(23) (Signature) J. R. Smith M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wilton

Given name added from a supplemental report

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

(27) Filed 1916 (28) J. R. 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.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
63175

Registration District No. 573 Registered No.
 (For use of Local Registrar)